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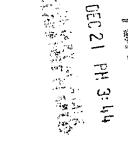
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M. MILLIGAN DEC 2 3 2016

COVER LETTER

Division of Corporations
SUBJECT: ALRHA Y, LLC (Name of Limited Liability Company)
•
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
ROMAN E GITNIK, ESR,
ROMAN E CITNIK, ESD, (Contact Person)
(Firm/Company)
425 MADISON ANEME MITE 505
(City/State and Zip Code)
For further information concerning this matter, please call:
Romm GIMIK at (212) 337 - 8824 (Name of Contact Person) (Area Code & Daytime Telephone Number
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{2}\$\$ \$25 Filing Fee \$\sqrt{2}\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
United Building

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin	mited liability company as it appears on the records of the Florida Department
of State is:	ALPHA 4, LLC.
	nent/registration number assigned to this limited liability company is:
L12000 S	25606 .
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 17 70 / 16
	RICHARDS, hereby withdraw/resign as a me of Person Resigning)
	int Title)
	lity company and affirm the limited liability company has been notified of my
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)