

117000057041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

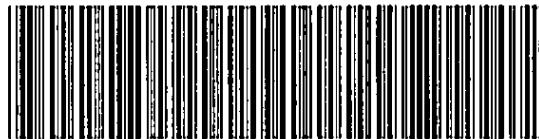
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 25 2022

Office Use Only



400385496444

04/15/22 -01018--023 **25.00

2022 APR 15 PM12:59
SECRETARY OF STATE
TALLAHASSEE, FLA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR FOR ALEXANDRIA, 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:

Alvaro Castillo

(Contact Person)

Castillo & Associates

(Firm/Company)

1390 Brickell Avenue Suite 200

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Alvaro Castillo

305 371-5540

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2022 APR 15 PM12:59
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FOUR FOR ALEXANDRIA, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000057041

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, ACB Management Services Inc, hereby withdraw/resign as a
(*Print Name of Person Resigning*)

Manager

(*Print Title*)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)