

117000057041

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

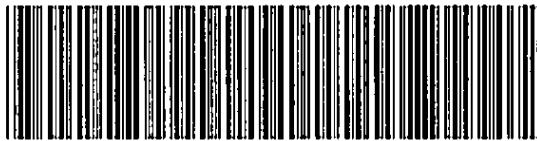
\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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MAY 25 2022

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TALLAHASSEE, FLA

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## 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

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**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)