

LI7000 241 042

(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:

Office Use Only



900333377019

08/19/19-- 01019--026 *\$110.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG 19 AM 8:57

FILED

Y SULKER

AUG 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA SOLUTIONS CONTRACTING LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000241042

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA C ARNOLD

Name of Person

DONNA C ARNOLD

Name of Firm/Company

725 HIGGINS RD

Address

N FT MYERS, FL 33917

City/State and Zip Code

HEATH0319@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA C ARNOLD

Name of Person

239

at (_____
Area Code

896-2550

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DONNA C ARNOLD

, hereby resigns as

Name of Registered Agent

Registered Agent for **ALPHA SOLUTIONS CONTRACTING LLC**

Name of Limited Liability Company

L17000241042

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2019 AUG 19 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FL 32314