

L18000005143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

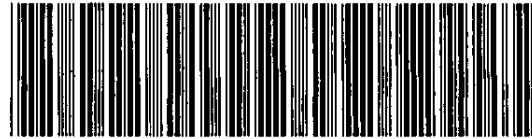
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300309773073

03/05/18--01011--004 \*\*50.00

FILED  
18 MAR -5 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 SALY

MAR -6 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALVIN TI 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:

CAROL L. ALVIN

(Contact Person)

ALVIN TI LLC

(Firm/Company)

PO BOX 1913

(Address)

CLEWISTON, FL 33440

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL L. ALVIN

at ( 863 ) 677-6539

(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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 MAR -5 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ALVIN TI LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000005143

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/19/2018

4. I, SEMIE J. ALVIN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

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

*Semie J Alvin*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)