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COVER LETTER

SUBJECT: NU-ALFA, LLC (Name of Limited Liability Company)	TO:	_	Registration Section Division of Corporations					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JOHN P. MAAS (Contact Person) JOHN P. MAAS, P.A. (Firm/Company) 44 NE 16 STREET (Address) HOMESTEAD, Fl. 33030 (City/State and Zip Code) For further information concerning this matter, please call: CANDY BROWNLOW at () (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 \$25 Filing Fee \$Certified Copy Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			·					
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Tallahassee, FL 32303		Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810			



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)

	e limited liability company as	Trappears on the records of	
2. The Florida doc L18000216258	ument/registration number as	ssigned to this limited liab	ility company is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/res	sign is:
LAVIER ALEAI	RO Same of Person Resigning)		
	(Print Title)		
resignation in wi	M		
Signature of D	iscociating Member or Resign	ning Manager	2021 JAN
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		1-8 PM 4:4: