418000216258

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NU-ALFA, LLC (Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
JOHN P. MAAS, ESQ.	
(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	305 247-7132 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: □ \$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



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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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doc L18000216258	ument/registration number assigned to this limited liability company is:
TO A INCL. NO INCE	mber/manager withdrew/resigned or will withdraw/resign is: Z
Authorized Mem	
resignation in wi	be (un)
Signature of D Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)