

L18000 236 150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 FEB 15 PM 12:41  
STOR. & FILE  
TALLAHOSSEE, FL

R. WHITE  
FEB 20 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Podere, 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:

Ana Alves

(Contact Person)

(Firm/Company)

3956 Town Center Blvd

(Address)

Orlando Florida 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Alves

407

616-7102

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

☐ \$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

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2019 FEB 15 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Podere, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000236150

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/30/2019

4. I, 978 Alpha, LLC, 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.

978 Alpha, LLC / [Signature]

Signature of Dissociating Member or Resigning Manager

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