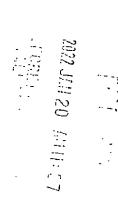
## L19000100624

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations ALLEN DEVELOPMENT GROUP LLC SUBJECT: (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: KELLY ROBERTS (Contact Person) ROBERTS LAW, PLLC (Firm/Company) 2075 MAIN STREET, SUITE 23 (Address) SARASOTA, FL 34237 (City/State and Zip Code) For further information concerning this matter, please call: KELLY ROBERTS (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ¥\$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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)

ALIX	limited liability company as EN DEVELOPMENT GROUP LL	it appears on the records of the	: Florida Department
2. The Florida docs £19000100624	ment/registration number as	ssigned to this limited liability o	company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is	1/14/2022 S:
4. 1. JONATHAN SIEROTA (Print Name of Person Resigning)		, hereby withdraw/resign (	as a
MANAGER			
	(Print Tille)		
- Anth-	bility company and affirm the	e limited liability company has	been notified of my
	\$25,00 (Required) \$30.00 (Optional)	3	AH III 37

\$30.00 (Optional)