# L2000000 6890

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RA Resignation

## **COVER LETTER**

Alinby LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L20000006890 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd, 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janna Pantoja 773-0888 x3950 Name of Person Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### MAILING ADDRESS:

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

### STREET ADDRESS:

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

TO:

Registration Section Division of Corporations

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 605.0115	5, Florida Statutes, the undersi	gned,		
United States Corporation Agents, Inc.		nereby resigns as			
Name of Registered Agent			nercoy resigns as		
Registered Agent for Alinb	y LLC	_			
	Name of Limi	ited Liability Company		·	
L20000006890					
Document Number	r. if known				
A copy of this resignation w	as mailed to the al	bove listed limited liability co	mpany at its last known add	ress.	
the agency is terminated and	d the office discor	Signature of Resigning Agent	ie date on which this statem	ent is f	iled.
If signing on behalf of an en	tity:			20	$\lesssim_{C}$
Cheyenne Moseley			jes Je		
Typed or Printed Name		<del></del>	<u></u>		
Asst. Secretary for United States Corporation Agents		ts, Inc.	~0 <b>x</b>	200 17.00 17	
		Capacity		80 th	F STATE
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/		X S

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314