

W200000 30959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

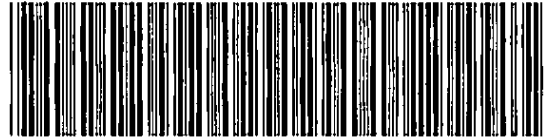
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/15/22--01018--017 **25.00

FILED
2022 MAR 15 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/28/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alfina Enterprises 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:

Allen English

(Contact Person)

Alfina Enterprises LLC

(Firm/Company)

3714 W. Euclid Ave.

(Address)

Tampa, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

Brennan Calkins

(Name of Contact Person)

813

591-7318

at ()

(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

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2022 MAR 15 PM 2:25
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: Alfina Enterprises LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000030959

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/30/2021

4. I, Allen English, hereby withdraw/resign as a
(Print Name of Person Resigning)
managing member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Carri W. Allen P.O.A

Signature of Dissociating Member or Resigning Manager

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

E. Elaine Peltola, Notary
E. Elaine Peltola
3/11/2022



To whom it may concern:

I, Carrie Williams, am signing on behalf of Allen English by way of Power of Attorney and at his request to cut any and all ties with Alfina Enterprises LLC. So, from this day forward he is no longer liable/responsible for any matter concerning said business

He would also like it to be stated that he has not had any dealings nor been in direction of any of the business's interests since prior to the date of his incarceration on July 30, 2021. Please forward any and all requests to Brennan Calkins @ 813-591-7318. Thank you for your time and have a great day!

I have enclosed a copy of the PoA and if there are any questions feel free to contact me at 727-631-7551.

Sincerely,

Carrie Williams

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT that I,

(Name) Allen Alfred English IV
(Address) 14400 49th W Clearwater, FL 33762

Hereby appoint

(Name) Carric Williams
(Address) 1750 Belleair-Forest Drive NW Clearwater, FL

As my attorney in fact (check which of the following shall apply):

33756

☒ **GENERAL**

To do every act that I may legally do through said attorney in fact and in my power for the period beginning (date) 9-20-21 and ending (date) 9-20-22

☐ **SPECIFIC DUTIES**

To do specific duties that I may legally do through said attorney in fact. The specific duties empowered to my attorney in fact are hereby specified in the following:

For the period beginning (date) _____ and ending (date) _____

No other act or duty is authorized unless above specified.

Signature: Allen English IV Date: 9-20-21

Witness: Deputy Sheriff 5422 Witness: CP. [Signature]

State of Florida, Pinellas County

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 20 day of September 2021, by Allen English IV who is personally known to me or has produced the following identification:

made ID# 1870622

Notary Signature: [Signature]

Commission Expires / Seal:

