L20000 243303

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Albarino Properties LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L20000243303	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subn for filing.	nitted
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:	
at () 773-0888	
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the unders	signed,	921 8	,
United States Corporation Agents, Inc.		hereby resigns as	HAR	
	Name of Registered Agent	nereby resigns as	8	•
Registered Agent for [stered Agent for Albarino Properties LLC		. P	1
			ب ب	-
	Name of Limited Liability Company		0	-'
L20000243303				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited liability of	ompany at its last kno	wn address.	
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this	statement i	s filed.
If signing on behalf of	an entity:			
	Cheyenne Moseley			
	Typed or Printed Name	 		
	Asst. Secretary for United States Corporation Age	nts, Inc.		
	Capacity	= -		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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