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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

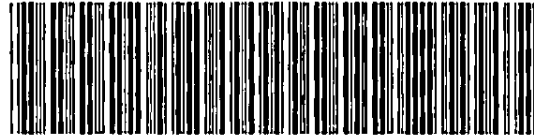
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 29 2022

4/14

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2022 APR 14 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FL 32399



RECEIVED

FLORIDA DEPARTMENT OF STATE 2022 APR 14 AM 11:04
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

April 5, 2022

FRANS PETIT-HOMME
8318 COPPERFIELD CIRCLE WEST
JACKSONVILLE, FL 32244 US

SUBJECT: ALATRAKA FPH LLC
Ref. Number: L21000139007

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 922A00007914

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALATRAKA FPH 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:

Frans Petit-Homme
(Contact Person)

ALATRAKA FPH LLC
(Firm/Company)

8318 W. Copperfield Cir.
(Address)

Jacksonville, FL 32244
(City/State and Zip Code)

For further information concerning this matter, please call:

Frans Petit-Homme at 904, 330-7692
(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

already sent

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 APR 14 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: ALATRAKA FPI+ LLC

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

L 21000139007

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2022

4. I, ERMI TE CANGE, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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