L21000211594

(Requ	estor's Name)	
(Addre	ess)	
(Addre	?ss)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

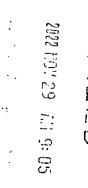
Office Use Only

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COVER LETTER

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Division of Corporations	
SUBJECT: Alpha Remodeling Design LLC Name of Limited Liability	Company
	Company
DOCUMENT NUMBER: L21000211594	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
MARIAH ESTERS-RIMMER	
Name of Person	
LegalCorp Solutions, LLC	
Name of Firm/Company	
3 Greenway Plaza Ste 1320	
Address	•
Houston, TX 77046	
City/State and Zip Code	
jmhd2290@gmail.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
MARIAH EXTERS-RIMMER 888 at (534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the under	rsigned,		
LEGALCORP SOLUTIO	NS, LLC		, hereby resigns as		
	Name of Registered Age	nt	(moreal) recigite as		
Registered Agent for Al	pha Remodeling Desig	n LLC			
	Name of Lin	nited Liability Company		·	
L21000211594					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last know	n address.	
The agency is terminated	and the office disco	ontinued on the 31st day after		tatement is	ned.
If signing on behalf of a	•				
	Travis Crabtree		. .		
	Member	yped or Printed Name			
		Capacity			
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany - ed/ voluntarily dissolved ity company ::	2022 KOV 29	