

h21 000253238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

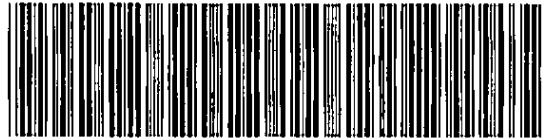
(Business Entity Name)

(Document Number)

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2021 OCT 18 AM 11:17
CLERK OF COURT

OFFICE
OCT 31 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALNI INVESTMENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000253238

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:

NIVIO PENABAD
Name of Person

ALNI INVESTMENT LLC
Name of Firm/Company

81 SECRETARY TRAIL
Address

PALM COAST, FLORIDA 32164
City/State and Zip Code

penabaddinorah@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dinorah Penabad at (786) 443 6571
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: ALNI INVESTMENT LLC

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

121000253238

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/13/2021

4. I, ALBERT DOMENECH, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER Alberto Do
(Print Title)

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

Alberto Domenech
Signature of Dissociating Member or Resigning Manager

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

FILED
2021 OCT 18 2:11:17
TALLAHASSEE, FL