

L 210000453938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

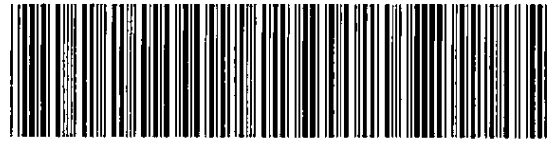
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Umls

Office Use Only



500429841825

05/16/24--01010--009 \*\*85.00

FILED  
2024 MAY 16 PM 12:34  
SECURITY  
TALLER, CALIFORNIA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alina 98 LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000453938

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:

Carlos Aldubato  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

5423 Roosevelt St  
Address

Hollywood Florida 33021  
City/State and Zip Code

Listinginfo2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Aldubato at ( 754 ) 2047515  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Carlos Aldubato

Name of Registered Agent

, hereby resigns as

Registered Agent for

Alina 98 LLC

Name of Limited Liability Company

L21000453938

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Carlos Aldubato

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

SECRET  
TALLAHASSEE, FL 32314

2024 MAY 16 PM 12:34

FILED