9/12/23, 11:53 AM   Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
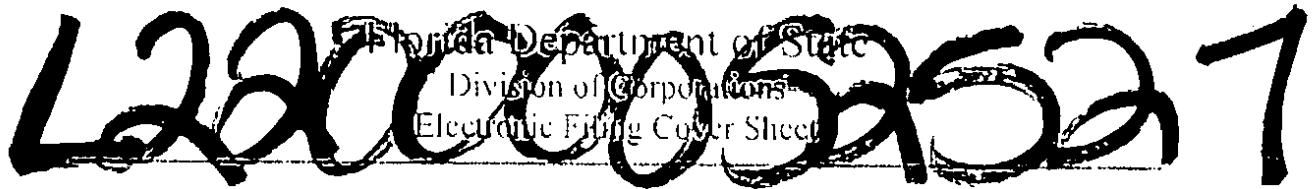
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To:
     Division of Corporations
     Fax Number   : (850)617-6383

From:
     Account Name   : ALC CONSULTING SERVICES INC
     Account Number : I20200000139
     Phone   : (407)801-1529
     Fax Number   : (407)386-6503

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: representacionesnegretti@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELLA INSURANCE GROUP LLC

Certificate of Status	0
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Page Count	03
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SEP 1 3 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLA INSURANCE GROUP 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:

LORENA C RIOS
_____
(Contact Person)

ALC TAX & ACCOUNTING
_____
(Firm/Company)

520 NORTH SEMORAN BLVD STE 255
_____
(Address)

ORLANDO, FL 32807
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

LORENA C RIOS   at (407) 362-8056
_____
(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

<u>Mailing Address:</u>
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

<u>Street Address:</u>
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

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(((H23000320390 3)))

ALFREDO ALEJANDRO PATINO ACUNA
1571 CHELSEA DR
DAVENPORT, FL 33897

July 20, 2023

ELLA INSURANCE GROUP LLC
Doc. Number: L22000052527
3529 MONACO
DAVENPORT, FL 33897

SUBJECT: Manager's Statement of Resignation

I, Alfredo Alejandro Patino Acuna, hereby resign as a Manager and Registered Agent of ELLA

INSURANCE GROUP LLC effective July 20th, 2023. I acknowledge that, I do not longer have any

authority or monetary responsibility or interest in the company. I have taken all the equity I had or

invested in the company and therefore, I do not longer bear any authority or rights in ELLA

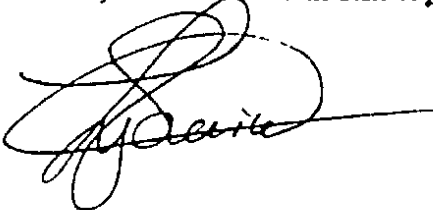INSURANCE GROUP LLC.

Effective Date _July_ day of _20th_, 2023.

Alfredo Alejandro Patino Acuna

State of [Florida], County of [Lake]

I, _Tyshaia Canales_, do hereby confirm that on this _6th_ day of _Sept._, 2023

appeared before me in person _Alfredo Patino_ known to be the person who executed the

preceding document.

Notary Public in and for the State of _Florida_ My Commission Expires _8/11/26_.

TYSHAIA CANALES
Notary Public
State of Florida
Comm# HH299762
Expires 8/11/2026

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(((H23000320390 3)))

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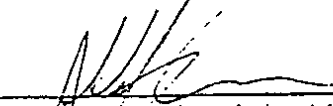
2. The Florida document/registration number assigned to this limited liability company is:

    L22000052527

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 20TH, 2023

4. I, ALFREDO A PATINO ACUNA , hereby withdraw/resign as a
   (Print Name of Person Resigning)

   MANAGER
   (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)

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