# L23000405966

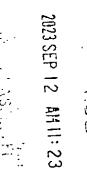
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

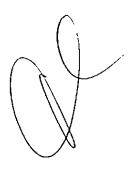
Office Use Only



400415380714

09/12/23--01025--002 \*\*245.00







### **COVER LETTER**

ro:	Registration Section Division of Corporations
	·

SUBJECT:			
Name of Limited Liability	Company	_	
DOCUMENT NUMBER: L23000405966			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee	are subr	nitted
Please return all correspondence concerning this matter to the	e following:		
Travis Crabtree			
Name of Person			
LEGALCORP SOLUTIONS, LLC			
Name of Firm/Company		20	
3 Greenway Plaza #1320		23 SE	er a maco Er g
Address	74.7 71.7	2023 SEP 12	
Houston, TX 77046	in-	2 A	· .
City/State and Zip Code	1.1.	AH II: 20	
maleciocuesta@gmail.com	1)	. 23	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
LegalCorp Solutions, LLC 888	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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 provis	ions of section 605.0115, Florida Statutes, the	undersigned.		
LegalCorp Solutions, LLC		, hereby resigns as		
	Name of Registered Agent	, , , , , , , , , , , , , , , , ,		
Registered Agent for	ALREHMAN LLC			
	Name of Limited Liability Company	en e		<u>`</u>
L23000405966				
Document	Number, if known			
A copy of this resigna	ation was mailed to the above listed limited lia	bility company at its last kno	wn addre	88.
The agency is termina	ited and the office discontinued on the 31st da	y after the date on which this	statemen	t is filed
	Signature of Resigning /	Agent	2023 SEP	
If signing on behalf of	f an entity:	: " 	SEP	- \$ T(
	Travis Crabtree	5. 2.	12	rints Line
	Typed or Printed Name Member	Š.	AM II	
	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