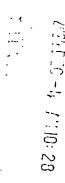
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(Req	uestor's Name)		
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Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer.			
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12/04/24--01033--014 \*\*25.00



### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AL3C LLC	
Name of Limited Liabilit DOCUMENT NUMBER: L24000263128	y Company
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
City/State and Zip Code	-
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
800 at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provis	ions of section 605.0115, Florida Statu	tes, the undersigned,		
United States Cor	poration Agents, Inc.	harahu raciya	10.00	
Name of Registered Agent		, nereby resign	, hereby resigns as	
Registered Agent for	AL3C LLC			
	Name of Limited Liability Com	pany	··	
L24000263128				
Document 1	Number, if known			
	tion was mailed to the above listed limited and the office discontinued on the 3			
		Ist day after the date on w		
	ted and the office discontinued on the 3	Ist day after the date on w	hich this statement is fi	
The agency is terminat	ted and the office discontinued on the 3	Ist day after the date on w	hich this statement is fill	
The agency is terminat	ted and the office discontinued on the 3  Tik Trutt  Signature of Resi	Ist day after the date on w	hich this statement is fi	
The agency is terminat	rik Trautt Signature of Resi an entity: Erik Treutlein	Ist day after the date on w	hich this statement is fi	

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