

MD2000000096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

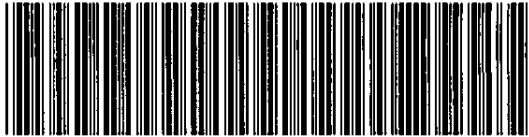
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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100270915281

Resignation of
manager

03/26/15--01033--004 **30.00

FILED
2015 MAR 26 PM 1:45
STATE
TALLAHASSEE, FLORIDA

4/30/15
207



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2015

CHANTAL LECONTE
8337 VIA SERENA
BOCA RATON, FL 33433

SUBJECT: ALCO ENTERPRISES, L.L.C.
Ref. Number: M02000000096

We have received your document for ALCO ENTERPRISES, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00007594

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALCO ENTERPRISES, L.L.C.**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chantal Leconte

Name of Person

Firm/Company

8337 Via Serena

Address

Boca Raton, FL 33433

City/State and Zip Code

Lecontec@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chantal Leconte

Name of Person

at ()

Area Code

954-673-1748

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: ALCO ENTERPRISES, LLC

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


MD2000000096

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/31/2014

4. I, CHANTAL LECONTE, 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)