

MOZ0000000096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

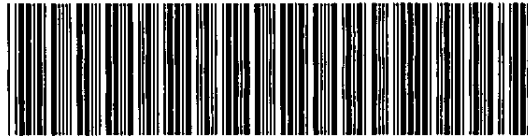
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 12 PM 12:33

205/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCO Enterprises, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M02000000096

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:

Adrien Leconte

Name of Person

ALCO Enterprises, LLC

Name of Firm/Company

5851 Holmberg Road, #215

Address

Parkland FL 33067

City/State and Zip Code

lecontea@aol.com

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

For further information concerning this matter, please call:

Adrien Leconte

954

673-1739

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,
Chantal Leconte, hereby resigns as

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Name of Registered Agent
ALCO Enterprises, LLC
Registered Agent for _____
Name of Limited Liability Company

M02000000096
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~~ *transferred to Adrien Leconte (see cover letter attached)* and the office discontinued on the 31st day after the date on which this statement is filed.


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**