

MD9 000004708

(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:

J. HORNE
AUG - 9 2024

Office Use Only



800433817658

07/29/24--01012--02L **.....

2024 JUL 29 - 10:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTERNATIVE LABORATORIES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000004708

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:

Christopher Cona

Name of Person

Cona Law PLLC

Name of Firm/Company

3765 Airport Pulling Rd. N., Suite 201

Address

Naples, FL 34105

City/State and Zip Code

ccona@cona.law

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

For further information concerning this matter, please call:

Chris Cona

Name of Person

at (239) 234-6822
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Chris Cona, Esq., Cona Law, hereby resigns as

Name of Registered Agent

Registered Agent for Alternative Laboratories, LLC

Name of Limited Liability Company

M09000004708

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 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:

Christopher Cona

Typed or Printed Name

Registered Agent

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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