## L09000004523

(Re	equestor's Name)	·····		
(Ad	ldress)			
(Ad	idress)			
(Cil	ty/State/Zip/Phone	e #)		
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. (Bu	siness Entity Nam	ne)		
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## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	ALTA BADIA PROPERTIES	I, LLC		
SOBJECT.		of Limited Liabi	lity Company	
Dear Sir or I	Madam:			
The enclosed	d Statement of Termination and	fee(s) are submit	ted for filing.	
Please returi	all correspondence concerning	this matter to the	e following:	
JORGE SA	ALCEDO, ESQ			
	Name of Person			
SALCEDO	ATTORNEYS AT LAW P.A.			
	Firm/Company			
200 S BIS	CAYNE BLVD.			
	Address			
MIAMI, FL	33130			
	City/State and Zip Code			
jsalcedo@	lawjsh.com			
E-mail add	lress: (to be used for future annua	al report notifica	tion)	
For further i	information concerning this matt	er, please call:		
JORGE SA	ALCEDO, ESQ	at ( 305	3750640	
	Name of Person		Daytime Telephone Number	
STR	REET/COURIER ADDRESS:	MAILI	MAILING ADDRESS:	
	stration Section	~	Registration Section	
	sion of Corporations		Division of Corporations P.O. Box 6327	
	on Building  Executive Center Circle		x 6327 see, Florida 32314	
	ahassee, Florida 32301	rananas	Sec. Frouda 52514	

CR2E141 (2/14)

## STATEMENT OF TERMINATION

	utes, I hereby submit the following Statement of Term	ination:
FIRST: The name of the limited liability co	mpany is: ALTA BADIA PROPERTIES I, LLC	
		<del></del>
SECOND: The Florida Document number of	of the limited liability company is: L09000004523	3
		三流
THIRD: The date of filing of the initial artic	cles of organization is: 01/14/2009	<u> </u>
C		B.
<b>FOURTH:</b> The date of filing of the dissolut	tion is:	<u>_</u> ,
<b>FIFTH:</b> This limited liability company has that it will file a statement of termination.	completed winding up its activities and affairs and has	determined
	CAMIL TORBAY	
Signature of Authorized Representative	Typed or printed name of signature	

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (2/14)