

AD2000001648

(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:

Office Use Only



500176321215

04/20/10--01042--021 \*\*52.50

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 21 AM 11 58

T. HAMPTON  
APR 22 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Altos Del Mar, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A02000001648

The enclosed Statement of Dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jose Luis Machado, Esq.

(Contact Person)

Machado & Herran, P.A.

(Firm/Company)

8500 S.W. 8th Street, Suite 238

(Address)

Miami, Florida 33144

(City, State and Zip Code)

For further information concerning this matter, please call:

Jose Luis Machado at ( 305 ) 261-5355  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

\$52.50 Filing Fee       \$105.00 Filing Fee and Certified Copy.

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**STATEMENT OF DISSOCIATION  
FOR  
GENERAL PARTNER  
OF  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

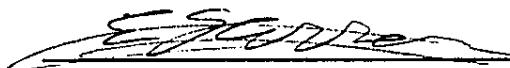
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

Altos Del Mar, Ltd. A0200000 1648

2. The name of the dissociating general partner is:

ENS Consulting, Inc. P970000 34674

  
\_\_\_\_\_  
Signature of Dissociating General Partner

**Filing Fee:** **\$52.50**  
**Certified Copy (optional):** **\$52.50**

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 21 AM 00:00