

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	To: Div	vision of Corporatio	ns				
	Fax Number : (850)617-6380						
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845						
3: 22	**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Email Address:					2821 NON 24	FILED
Zie PH	REGISTERED AGENT RESIGNATION ALTIERRE CORPORATION					AM 10: 12	<u> </u>
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Electronic Filing Menu Corporate Filing Menu

Help

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Page: 4 of 4

2021-11-24 11:54:08 CST

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509. Florida Statutes, the undersigned, <u>C T CORPORATION SYSTEM</u> (Name of Registered Agent) hereby resigns as Registered Agent for <u>ALTIERRE CORPORATION</u> (Name of Corporation)

## F1800004078

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.



Fee for filing this document:

 \$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314