L02000014457

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) . (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) . (Document Number) Certified Copies Certificates of Status
(Business Entity Name) . (Document Number) Certified Copies Certificates of Status
(Business Entity Name) . (Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



800152673728

04/27/09--01033--021 **25.00

FILED

09 APR 27 PM 3: 42

SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

APR 28 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: 1080 Alton Road, LLC	
(Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this man	tter to:
Alvaro Castillo	SEC TALL
(Contact Person)	09 APR 27 PM 3: 42 SECRETARY OF STATE
Castillo & Associates	R R R R R R R R R R R R R R R R R R R
(Firm/Company)	e. Fl
1390 Brickell Avenue, Suite 200	R 27 PM 3: 42 HASSEE, FLORIDA
(Address)	1
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Alvaro Castillo at (_3	305 ₎ 371-5540
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: 108	limited liability company as it appears on O Alton Road, LLC	the records of the Flo		artmer	nt
	lity company was organized under the lav	ws of:	CRETARY OF	APR 27 PM	
3. The Florida docu L02000014	ment/registration number of this limited l	iability company is:	FLORIDA	PM 3: 42	
4. I, Alton Resta	urant Management, LLC_, hereby				
(Print No	ime of Person Resigning)	(Pri	int Title)		
resignation in wri	Hector Rolotti, authorized mining Member, Managing Member or Ma	L repr esentative	n notified	of my	y
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				