# 105000 121785

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		85
<b>.</b>	Office Use On	- Jlt d



100078670791

08/14/06--01030--006 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG IL AMII:

# **COVER LETTER**

TO: Registration Section			•	*	
Division of Corporations					
SUBJECT: Alta Vista Realty LLC					
(Name of L	imited Liability Co	ompany)			
D 01 14 1					
Dear Sir or Madam:					
The enclosed Resignation of Member, Managin	ng Member or N	Aanager and fee(s) are submitted for	or filing.		
		<b>.</b>			
Please return all correspondence concerning th	is matter to the	following:			
Troy Powell			_		
(Name of Person)		•	•		
Alta Vista Realty LLC					
(Firm/Company)				· ·	
(Finit/Company)			₽°C	, 0	
			E8		
13014 N Dale Mabry Hwy #335		<u> </u>	三	G	
(Address)		-	£88	=	•
				_	
Tampa, FL 33618			<u> </u>	=	Ċ
(City/State and Zip Code)		·	353	06 AUG 14 AM11: 30	
			멋ਜ਼	3	
For further information concerning this matter,	, please call:			_	
Troy Powell	at (_813	) 269-9200			
(Name of Person)		de & Daytime Telephone Number)	<del>_</del>		
	·				
		TELVI IVO I DODDOG			
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, Florida 32314			
Tallahassee, Florida 32301		- allumbood, 1 1011011 Jac 17			
a control of a sound of the control					
Enclosed is a check for the following amoun	t:				
<b>5.7</b>		Jags Pur B			
\$25 Filing Fee	<u>L</u>	\$55 Filing Fee & Certified Copy			

CR2E079 (8/05)



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Troy Powell	, hereby resign as Managing Member				
		(Tîtle)			
of Alta Vista Realty LLC			_ •		
(Limited Liabil	ity Company)				
a limited liability company organized under the la	ws of the State of Florida		<u> </u>		
and affirm that the limited liability company has b	een notified in writing of th	SECRET	06 AUG		
(Signature of résigning manager,	managing member or meml				

## FILING FEE IS \$25.00

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