10800018543

/D-	questor's Name)	
(Re	equestors mame)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
·		·
PICK-UP	☐ WAIT	MAIL
_	_	_
		<u>.</u>
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	





500300692445

06/27/17--01016--003 **25.00



JUN 2 9 2017 Y SULKER

COVER LETTER

Division of Corporations			
SUBJECT: ALTIVA LLC			
	Liability Company)		
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to:		
FERNANDO GUEVARA			
(Contact Person)			
ALTIVA LLC			
(Firm/Company)	•		
16600 SOUTH POST ROAD UNIT 104			
(Address)			
WESTON FLORIDA 33331			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
JULIO PONCE	786 877-1286		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to th ☐ \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the records of the Florida Department
of State is: ALTIVA LLC
The Florida document/registration number assigned to this limited liability company is: L08000018543
The date this member/manager withdrew/resigned or will withdraw/resign is: 06/22/2017
I, CESAR PARDO (Print Name of Person Resigning), hereby withdraw/resign as a
MGRM TO THE PARTY OF THE PARTY
(Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager ling Fee: \$25.00 (Required)
ertified Conv. \$30.00 (Ontional)