

L 0900000 4544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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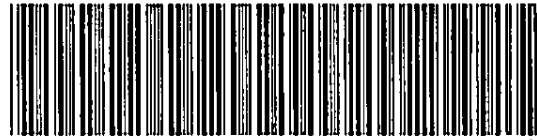
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALTA BADIA PROPERTIES II, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JORGE SALCEDO, ESQ

Name of Person

SALCEDO ATTORNEYS AT LAW P.A.

Firm/Company

200 S BISCAYNE BLVD.

Address

MIAMI, FL 33130

City/State and Zip Code

jsalcedo@lawjsh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE SALCEDO, ESQ at ( 305 ) 3750640  
Name of Person Area Code Daytime Telephone Number

**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

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:


**FIRST:** The name of the limited liability company is: ALTA BADIA PROPERTIES II, LLC

**SECOND:** The Florida Document number of the limited liability company is: L09000004544

**THIRD:** The date of filing of the initial articles of organization is: 01/14/2009

**FOURTH:** The date of filing of the dissolution is: \_\_\_\_\_

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

CAMIL TORBAY

Typed or printed name of signature

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U.S. DEPT. OF STATE  
WASH. DC  
AMEMBASSY, FLORIDA

Filing Fee: \$25.00  
 Certified Copy: \$30.00 (optional)