

LO9 000 013 231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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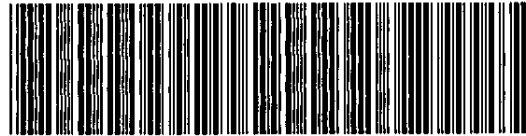
(Business Entity Name)

(Document Number)

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11 AUG 10 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 11 2011  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALTTRIX LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000013231

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Joseph Heston  
Name of Person

Frank Joseph Heston, P.A.  
Name of Firm/Company

3300 University Drive, Suite 311  
Address

Coral Springs, Florida 33065  
City/State and Zip Code

FJHeston@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Joseph Heston at ( 954 ) 755-7800  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Salvatore Cucciuffo

Name of Registered Agent

, hereby resigns as

Registered Agent for

ALTRIX LLC

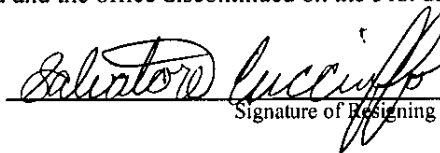
Name of Limited Liability Company

L09000013231

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Salvatore Cucciuffo

Typed or Printed Name

Resident Agent/Manager

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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