112000064140

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: VILLALTA ENTERPRISE	
(Name of Limited	Liability Company)
The enclosed member, managing member or matring.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
DIANA VIQUEZ	
(Contact Person)	
VILLALTA ENTERPRISES LLC	
(Firm/Company)	
7761 JEWEL LANE APT 102	
(Address)	
NAPLES FL 34109	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
DIANA VIQUEZ	239 ₎ 362-6492
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
\$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



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DECRETARY OF STATE
TALLAHASSEE; FLORIDA.

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as i ALTA ENTERPRISE		f the Florida Department
2. This limited liabil FLORIDA	ity company was organized	under the laws of:	
3. The Florida document L12000064	ment/registration number of 140	this limited liability compa	any is:
4. I, JUAN GAL	BAN	, hereby resign as a	MGRM
	ility company and affirm the		
Signature of Resignature	bon gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		