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To:

Division of Corporations

Fax Number

: (850)617-6383

Fram:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130090076 Phone : (305)388-7028 Fax Number : (305)479-2705

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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M. SOLOMON



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)

1. The name of the	limited liability company as it ap	ppears on the records of the Florida D	epartment
of State is: ALTA	ALE INVESTMENT, LLC		
2. The Florida docu	ment/registration number assign	ned to this limited liability company is 	APR 19
3. The date this men	mber/manager withdrew/resigne	ed or will withdraw/resign is:	1 15 3
		_, hereby withdraw/resign as a	
MANAGER	Print Title)		
of this limited the resignation in wri	oility company and affirm the lin	mited liability company has been notif	li e d of my
Signature of Di	sociating Member or Resigning \$25.00 (Required)	3 Manager V	
Certified Copy:	\$30.00 (Optional)		