M02000002203

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
•	• .	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		•
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



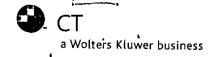
300103801673

06/05/07--01006--003 **25.00

97 JUN -5 AH 8: 32 SECRETARY OF STATE TALL AHASSEE. FLORID

R.A. Resign.

C. Ocuiliette JUN 0 8 2007



CT 111 Eighth Avenue New York, NY 10011

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 30, 2007

RE: ALTERON, LLC. (DE. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is __1__ checks in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure May 30, 2007

RE: ALTERON, LLC. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.	509, Florida Statutes, the undersigned,	
C T CORPORATION	I SYSTEM	, hereby resigns as	
	(Name of Registered Agent)		
Registered Agent for	ALTERON, LLC. (DE. DO	M.)	
	(Name of Limited Liabili	ty Company)	
M020000022	03		
(Document Nur	nber, if known)		
A copy of this resignati	on was mailed to the above liste	d limited liability company at its last known address.	
The agency is terminate	ed and the office discontinued or	the 31st day after the date on which this statement is filed.	
	Thele		
	(Signature of Res	ghing Agent)	
If signing on behalf of	1/		
	C T CORPORATION SYST	· · ·	
	(Typed or Pri: ASSISTANT S	•	
	(Capacit	CRET LAH	
	FILING FEES:	imited liability company stratively dissolved/	

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

withdrawn limited liability company