

M03 000000 2319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100039794561

09/09/04--01053--008 **25.00

FILED
2004 SEP -9 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN SEP 10 2004

THEALTERGROUP LTD

5500 West Howard Street
Skokie, Illinois 60077
TEL (847) 676-4300
FAX (847) 676-4303
NET altergroup.com

September 2, 2004



Ms. Carol Mustain
Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Alter Tampa, L.L.C.
#M03000002319

By: UPS overnight

FILED
2004 SEP - 9 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Carol:

Per our conversation Monday, August 30, enclosed please find the following to speed up the dissolution of the above-referenced entity:

1. My letter to you dated June 10, 2004
2. Check # 6016 to replace lost check # 5089 in the amount of \$25.00 to cover fees for the dissolution of the entity.
3. Re-signed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida.

If you should have any questions, please feel free to contact me at (847) 568-5905.

Very truly yours,

A handwritten signature in black ink, appearing to read "Rolla Heinen". The signature is fluid and cursive, with a large initial "R" and "H".

Rolla Heinen
Due Diligence Manager
rh
encl.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

FILED
2004 SEP -9 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Alter Tampa, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

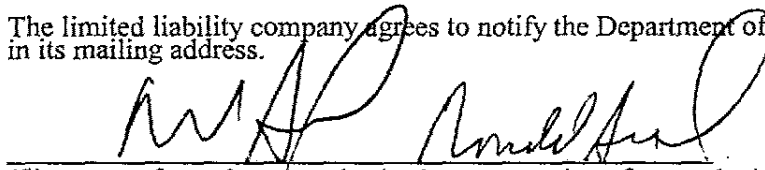
5500 W. Howard Street

(Mailing address)

Skokie, Illinois 60077

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Ronald Siegel

(Typed or printed name of signee)

Filing Fee: \$25.00