P02000093937

(Re	questor's Name)	·····
(Ad	dress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phon	e #)
<u></u>	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	!
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700083859847

01/10/07--01025--016 **87.50

FILED
2007 JAN 10 AM 8: 42
SECKETARY OF STATE

•

XHIM

COVER LETTER

• TO: Amendment Section Division of Corporations

SUBJECT: ADVANCED ALF CORP
(Name of Corporation)
DOCUMENT NUMBER: P02000093937
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DALVIS VILA
(Name of Person)
PRESIDENT Olamo of Films (Community)
(Name of Firm/Company)
2964 SW 144 PL
(Address)
MIAMI, FL 33175
(City/State and Zip Code)
For further information concerning this matter, please call:
ISABEL C LOPEZ at (786)326-0680
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,DALVIS_VILA	
(Name of Registered Agent)	
hereby resigns as Registered Agent for ADVANCED ALF CORP	,
(Name of Corporation)	•
P02000093937	
(Document Number, if known)	
A comprofithic regionstion was mailed to the above listed assumption of it. 1. 4.1.	
A copy of this resignation was mailed to the above listed corporation 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:	
ELC	2007 JAN TO AM
	ö (
24	_

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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