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Greenberg Traurig, P.A.		
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Please call June at 222-6891 when Thank you!	n ready.	
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CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (i	f known):
1. <u>Olto Florida</u> (Corporation Name)	(Document #)	
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☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R Change of Regis Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/Q	<u>OUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	hip

CR2E031(7/97)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

GREENBERG TRAURIG

TALLAHASSEE, FL

SUBJECT: ALTA FLORIDA, INC. Ref. Number: P03000051358

We have received your document for ALTA FLORIDA, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Resigning agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 306A00010227



COVER LETTER

TO:	Amendment Section Division of Corporations
	Division of Corporations
SUBJ	ECT: ALTA FLORIDA, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000051358
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
PED	PRO A. MARTIN
<u></u>	(Name of Person)
GRE	ENBERG TRAURIG, PA
	(Name of Firm/Company)
1221	I BRICKELL AVENUE
	(Address)
MIAI	MI, FL 33131
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
PEDI	RO A. MARTIN at (305) 579-0545
	(Name of Person) at (305) 579-0545 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 p	provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes,	the undersigned, PE	DRO A. MARTIN	
,		(Name of Registered Agent)	
hereby resigns a	s Registered Agent for	ALTA FLORIDA, INC.	_
	g	(Name of Corporation)	
P0300005135	58		
(Document	t Number, if known)		
A copy of this re	signation was mailed to	o the above listed corporation at its last kno	own address.
The agency is tenthis statement is	filed.	discontinued on the 31st day after the date	on which
	(Sig	gnature of Resigning Agent)	三章 雪
If signing on beh	alf of an entity:		TARY O
	PEDRO A. MART	IN	P ST
	(*	Typed or Printed Name)	3:51
	REGISTERED AG	GENT	
		(Capacity)	,

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