

FD3000/33622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

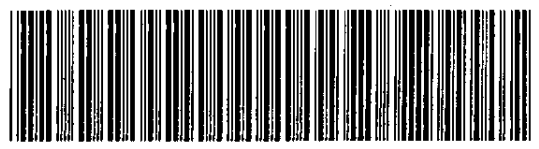
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300205226913

04/28/11--01034--004 \*\*30.00

05/17/11--01008--001 \*\*5.00

VD/worth noted

FILED  
11 MAY 16 PM 1:24  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

view

TR 5-17-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2011

DAVID CAPPARELLI  
ALTA ASSOCIATE, INC.  
6153 SAND PINE CT  
JUPITER, FL 33458

SUBJECT: ALTA ASSOCIATES, INC.  
Ref. Number: P03000133622

We have received your document for ALTA ASSOCIATES, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$5.00.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 211A00010924

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALTA ASSOCIATES, INC

DOCUMENT NUMBER: P03000133622 (DISSOLUTION)

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID CAPPARELLI  
(Name of Contact Person)

ALTA ASSOCIATES, INC  
(Firm/Company)

6153 SAND PINE CT  
(Address)

JUPITER FL 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID CAPPARELLI at (561) 745 3167  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$33.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

RECEIVED  
MAY 16 4 10 PM '99  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAILING ADDRESS:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ALTA ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): P03000133622

THIRD: The date dissolution was authorized: APRIL 25, 2011

Effective date of dissolution if applicable: APRIL 25, 2011 (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[ ] Dissolution was approved by the shareholders through voting groups

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

FILED 11 MAY 16 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature: David Capparelli

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

DAVID CAPPARELLI (Typed or printed name of person signing)

PRESIDENT (Title of person signing)

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ALTA ASSOCIATES, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

NONE - THERE ARE NO CLAIMS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6153 SAND PINE CT

JUPITER FL 33458

\_\_\_\_\_

\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

DAVID CAPPARELLI  
Printed Name of the Person Filing

  
Signature of the Person Filing