P04059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(o.t/) otato.z.p// nono //
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500233210995

04/30/12--01046--029 **87.50



MAY "8 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Alphatur				
	Name of	Corpor	atior	n)
DOCUMENT NUMBER: P04059	<u>.</u>	····		
The enclosed Resignation of Registered Ag	ent for	a Corpo	orati	ion and fee are submitted for filing.
Please return all correspondence concerning	g this m	atter to	the	following:
Joseph Hassan				
(Name of Person)		•,	—	
Alphatur N.V., Corporation				
(Name of Firm/Company)	······································			
10950 Old Cutler Road				
(Address)				
Coral Gables, FL 33156				•
(City/State and Zip Code)	• •		_	
For further information concerning this mat	tter, ple	ase call:	:	
Joseph Hassan	at (305	_)_	6680994
(Name of Person)	(/	Area Coo	de &	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, Mo	ostafa F. Hassan	
-	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Alphatur N.V., Corporation (Name of Corporation)	•
, , ,	,,	
P04059		
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed corporation at its last kno	w.p.address.
this statement is filed.	discontinued on the 31st day after the date	APR
//// · F -	gnature of Resigning Agent)	30 AH
If signing on behalf of an entity:		1 8: 17
Mostafa F. Hassa	n	
(Typed or Printed Name)	
Attorney In Fact		
	(Canacity)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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