P0900032684

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	······································
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·





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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Casa Cafe Alto Corp.
(Name of Corporation) DOCUMENT NUMBER: P09000032684
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose J. Leonardo (Name of Person)
Law Offices of Jose J. Leonardo, Esq. (Name of Firm/Company)
500 S. Dixie Highway, Suite 204
Coral Gables, FL 33146 (City/State and Zip Code)
For further information concerning this matter, please call:
Jose Leonardo (Name of Person) at (305) (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	'.1509,	
Florida Statutes, the undersigned, Hernando Santacoloma		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Casa Cafe Alto Corp.		
(Name of Corporation)	47	
P09000032684	1.	70
(Document Number, if known)	70 v 7 0 -	DEC
	* · · · · · · · · · · · · · · · · · · ·	1 ~
A copy of this resignation was mailed to the above listed corporation at its last known	ow <u>ń</u> add	•
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	=== 0	Alth: 39
If signing on behalf of an entity:		
(Typed or Printed Name)		
(Capacity)	ı	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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