

L15000054263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

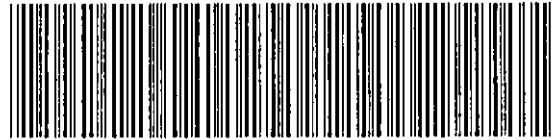
(Business Entity Name)

(Document Number)

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

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2020 JUN 17 AM 7:40

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2020 JUN 17 PM 2:52

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JUN 18 2020

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

ALCATRAZ ADVISORS, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8701 FOR: \$50.00 (\$25.00 for this filing)

THANK YOU!

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Atrium Registered Agents, Inc. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Alcatraz Advisors, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L15000054263

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

Barrie Erasmous

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Barrie L. Erasmous

\_\_\_\_\_  
Typed or Printed Name

Vice President

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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