# F02000006205

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500104452085

Withdr Newis 06/19/07--01041--013 \*\*43.75

### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Atlantic Tank Corporation (Name of Corporation)
DOCUMENT NUMBER:
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marla Petty
(Name of Person)
Atlantic Tank Corporation
. (Firm/Company)
419 West Pulaski Hwy (Address)
Elkton, Mb 21921 (City/State and Zip code)
For further information concerning this matter, please call:
Marla Petty at (410) 620-2468
(Name of Person) (Area Code & Daytime Telephone Number)

### **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

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Atlantic Tank Corporation
A SEC 19
FOZ 00000 G205 (Document Number of Corporation (if known)
Mand (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereb voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf an appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
419 West Pulaski Hwy (Mailing Address)
Ellton, mb 21921 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
HAROLO PETERSON (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35