

L00000002596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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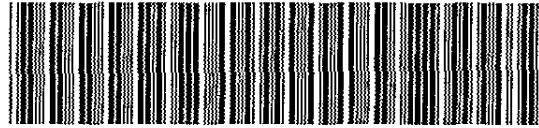
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL 32301

L00000002596
REAPS ON
4-4-03
HPS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLAS CAPITAL, LLC
(Name of Limited Partnership)

DOCUMENT NUMBER: 20000000 2596

The enclosed Resignation of Registered Agent for a Limited Partnership and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Renneker
(Name of Person)

Atlas Capital, LLC
(Name of Firm/Company)

1720 WAZEE ST #3B
(Address)

DENVER, CO 80202
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Renneker at (303) 308-0617
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$87.50 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 26, 2003

ROBERT RENNEKER
1720 WAZEE ST., #3B
DENVER, CO 80202

SUBJECT: ATLAS CAPITAL, LLC
Ref. Number: L00000002596

We have received your document for ATLAS CAPITAL, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 603A00018398

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

DENNIS BENIMOFF, hereby resigns as
(Name of Registered Agent)

Registered Agent for Atlas Capital LLC
(Name of Limited Liability Company)

L0000000 2596
(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.

Dennis Benimoff
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
03 APR -4 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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