L010001503/

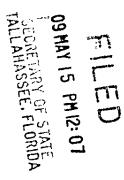
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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RAResign Thewis 5-22-09

COVER LETTER

SUBJECT: THE ORIGINAL ATLANTIS HOLDINGS LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L01000015031
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rhonda Maybin (Name of Person)
Capitol Corporate Services, Inc. (Name of Firm/Company)
800 Brazos, Suite 400 (Address)
Austin, Texas 78701 (City/State and Zip Code)
For further information concerning this matter, please call:
Rhonda Maybin at (800) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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



Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 5/12/2009 **FLORIDA**

REP UNIT:

THE ORIGINAL ATLANTIS

HOLDINGS LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 16265 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		70. 9
Pursuant to the provisions	of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,
	ORPORATE SERVICES, INC.	, hereby resigns as
(N	ame of Registered Agent)	
Registered Agent for	THE ORIGINAL ATLAN	TIS HOLDINGS LLC
	(Name of Limited Liability Company)	- Fr
L01000015031		
(Document Number,	f known)	
A copy of this resignation	was mailed to the above listed limited liab	bility company at its last known address.
The agency is terminated a	nd the office discontinued on the 31st day	y after the date on which this statement is filed.
_	CHUM Down Gignature of Resigning A	Agent)
If signing on behalf of an c	ntity:	
	Cheryl Roberts	
-	(Typed or Printed Name)	
	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