

LO2 000021825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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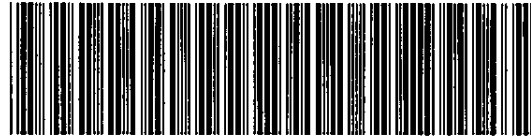
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 25 2014
T CLINE

ROBERT A. STERMER

ATTORNEY AT LAW

7480 SOUTHWEST HIGHWAY 200

OCALA, FLORIDA 34476

E-MAIL: svl@atlantic.net

TELEPHONE: (352) 861-0447

FACSIMILE: (352) 861-0494

March 14, 2014

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Atlantic Holdings, LLC
Document Number: L02000021825

Dear Sir or Madam:

In regard to the above-referenced matter, enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company, together with my check in the amount of \$25.00 payable to the Florida Department of State for the filing fee.

Should you have any questions in regard to the foregoing, please do not hesitate to contact me. I remain,

Very truly yours,



Robert A. Stermer

RAS/cr
Enclosures

2014 MAR 24 PM 1:51
STATE
DEPT OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROBERT A. STERMER

, hereby resigns as

Name of Registered Agent

Registered Agent for **ATLANTIC HOLDINGS, LLC**

Name of Limited Liability Company

L02000021825

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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