0400007295

(Re	equestor's Name))
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
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2009 APR -9 AM II: 37
SECRETARY OF STATE.
TALLAHASSEF ELOSIE.

M. THOMAS

APRIL 2009

EXAMIP

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations			
SUBJECT: Atlantic Enterprises LL (Name of Lin	_C	npany)	-
The enclosed member, managing member of filing.	or manager resig	nation and fee(s) are submitte	d for
Please return all correspondence concerning	g this matter to:		
Michael Dassler		_	
(Contact Person)			
Atlantic Enterprises LLC		_	
(Firm/Company)			
1370 E. Terra Mar Dr.		_	
(Address)			7A.SE
Pompano Beach, FL. 33062		, 2	2009 APR -9 SECRETARY ALL AHASSE
(City/State and Zip Code)		- ဌ	7-9 7-9
For further information concerning this may	tter, please call:	ļ. - 1	ARY OF STATE
Michael Dassler	at (954	2701412	Σπ. ω
(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable [] \$25 Filing Fee		Department of State for: S55 Filing Fee &	
A loca Linia Lee	∟ .⁴	Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314	



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as i antic Enterprises LLC	it appears on the records	s of the Flori	da Departmer	nt
2. This limited liab	vility company was organized	under the laws of:			
3. The Florida doc L0400000	ument/registration number of 7295	this limited liability con	mpany is:	SECRETARY TALLAHASSEE	, 1
4. I, Michael D	assler	, hereby resign as a	MGR	AH OF S	
	(ame of Person Resigning)	,,	(Prin	t Title) 🔀 💢	ž-
resignation in wr	bility company and affirm the iting. By the state of the	4-6-2009	ny has been	notified of my	,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				