

LD5000089401

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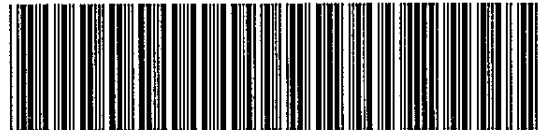
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02/27/06--01039--004 **43.75

03/21/06--01022--004 **11.25

FILED
06 MAR 21 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

SUBJECT: Atlantic Insurance Group, LLC.

DOCUMENT NUMBER: H0500021553

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason T. Grodensky
Atlantic Insurance Group, LLC.
911 East Atlantic Blvd. Ste 108
Pompano Beach, Florida 33060

For further information concerning this matter, please call:

James L. Robillard II at 954-933-9082

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2006

JASON T. GRODENSKY
911 EAST ATLANTIC BLVD., STE 108
POMPANO BEACH, FL 33060

SUBJECT: ATLANTIC INSURANCE GROUP LLC
Ref. Number: L05000089401

We have received your document for ATLANTIC INSURANCE GROUP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong forms were submitted.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 306A00014290



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Mark Silverstone, hereby resign as member
(Title)
of Atlantic Insurance Group LLC,
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida,
and affirm that the limited liability company has been notified in writing of the resignation.

X [Signature]
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA