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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATRIA 207, LLC.

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD LOPEZ

(Name of Person)

LIVING TRUST PLUS, INC.

(Firm/Company)

301 RACQUET CLUB ROAD, #302

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD LOPEZ

(Name of Person)

at ( 954 ) 543-3697

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, ALFONSO VALLEJO, hereby resign as MEMBER/MANAGER  
(Title)

of ATRIA 207, 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.

A handwritten signature in black ink, appearing to read "Alfonso Vallejo", is written over a horizontal line.

(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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