

LD6000009389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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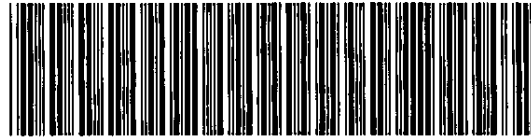
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 19 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlapa Investments LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Eddy A. Morales  
Name of Person

Atlapa Investments LLC  
Name of Firm/Company

13591 SW 135th Ave  
Address

Miami, FL 33186  
City/State and Zip Code

ubugmepestcontro@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddy A. Morales at (786) 232-1744  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

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