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D. SCOTT DEC 1 9 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Atlana 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. Moraus Name of Person
Atlapa Investments LLC Name of Firm/Company
13591 SW 135th AVE Address
Miami, FL 33186 City/State and Zip Code
Ubuame pert contro a hellsouth net E-mail address: (to be used for Nature annual report notification) For further information concerning this matter, please call: Fddy A. Moyales at (786) 232-1744 Name of Person Area Code Daytime Telephone Number
For further information concerning this matter, please call:
Fddy A. Moyales at (786) 232-1744 Name of Person at (786 Daytime Telephone Number 35 35
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0	115, Florida Statutes, the undersigned,
Julio	C. Perez	, hereby resigns as
	Name of Registered A	gent
Registered Agent for _	Atlapa	Investments LLC
	Name of L	Limited Liability Company
Document N	umber, if known	
A copy of this resignati	on was mailed to th	e above listed limited liability company at its last known address.
The agency is terminate	ed and the office dis	continued on the 31st day after the date on which this statement is filed.
		Julio Lui, Signature of Resigning Agent
If signing on behalf of a	ın entity:	Signature of resigning Agent
		Typed or Printed Name
		Ass 6
		Capacity FIGURE TO THE TOTAL TOTAL TO THE TH
	FILIN \$ 85.00 \$ 25.00	

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