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SECRETARY OF STATE
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	Atlantic Palms	Constru	ction LLC	
	Name of Limi	ted Liability	Company	
DOCUMENT NUMBER:		L060000	)85351	
The enclosed Resignation o for filing.	f Registered Agent fo	or a Limited	d Liability Company and f	fee are submitted
Please return all correspond	ence concerning this	matter to th	he following:	
Scott	Dunkley			
Name	of Person			
Name of F	irm/Company			
	alm Circle			
Ac	ldress			
Jacksonville Be City/State	ach, Florida 32250 and Zip Code			
Scottedunkle E-mail address: (to be used	y@comcast.net for future annual report n	otification)		
For further information cond		·		
Scott Dunkle Name of Person		904 Area Code	) 509-0629 & Daytime Telephone Num	ber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

#### STREET ADDRESS:

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	tion 608.416(2) or 608.509, Florida Statutes, the undersigned;	1
Sc	tion 608.416(2) or 608.509, Florida Statutes, the undersigned of the transfer	
Name	Registered Agent	
Registered Agent for	Atlantic Palms Construction LLC	0
	F.S. G.	_
	Name of Limited Liability Company	
L060000853	1 _	
Document Number, if	nown	
A copy of this resignation was	ailed to the above listed limited liability company at its last known address.	
The agency is terminated and the	office discontinued on the 31st day after the date on which this statement is file	ed.
If signing on behalf of an entity	Signature of Resigning Agent	
	Typed or Printed Name	

Capacity

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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