

L08000044918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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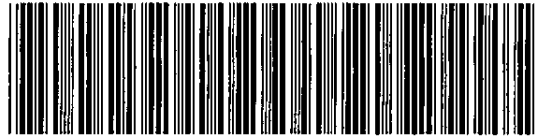
(Business Entity Name)

(Document Number)

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2008 SEP 24 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-1-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlantic Island Properties LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L08000044918

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:

Brian J. Filmore
(Name of Person)

Atlantic Island Properties LLC
(Name of Firm/Company)

1923 Avenue D
(Address)

Fort Pierce, Florida 34950
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian J. Filmore at (772) 461-7290
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2008

BRIAN J. FILMORE
ATLANTIC ISLAND PROPERTIES LLC
1923 AVENUE D
FORT PIERCE, FL 34950

SUBJECT: ATLANTIC ISLAND PROPERTIES LLC
Ref. Number: L08000044918

We have received your document for ATLANTIC ISLAND PROPERTIES LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance of \$60.00 to file the resignation.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 108A00050545

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Cheryl Patterson

(Name of Registered Agent)

Registered Agent for Atlantic Island Properties LLC

Atlantic Island Properties LLC

(Name of Limited Liability Company)

L08000044918

(Document Number, if known)

A copy of this resignation was mailed 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 filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheryl Patterson

(Typed or Printed Name)

Registered Agent
(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

FILED
2008 SEP 24 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA