L08000061939

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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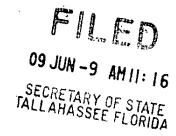
R. Oumpan JUN 1 0 2009.

COVER LETTER

Division of Corporations	
SUBJECT: Atlantica One, LLC	
	ited Liability Company)
The enclosed member, managing member or filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Marcia Currie	
(Contact Person)	
Atlantica One, LLC	
(Firm/Company)	
225 N. Forest Dune Drive	
(Address)	
St. Augustine, FL 32080	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Marcia Currie	at (904) 501-2187
· (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: X \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as antica One, LLC	t appears on the records	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu L0800006	ument/registration number of	this limited liability com	pany is:
4. I. C. Randol	ph Coleman	, hereby resign as a _	Manager
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
[Hand	ghe Colin		
Signature of Res	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		