## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813) 435-3176 Fax Number : (813)333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION ATLAS NNN PROPERTIES, LLC

| Certificate of Status | 0       |
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MAR 2 6 2014

Tuesday, March 25, 2014

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision                             | s of section 605.0115   | 5, Florida Statutes, the un | dersigned,            | 表。 (2) T             |
|---|-------------------------|-----------------------------|-----------------------|----------------------|
| THE LAVI OFFICES                                      | OF SPRADLIN,            | PLLC                        | _ , hereby resigns as | 3                    |
|   | Name of Registered Agen |                             | ,                     | · 原寫 畫               |
| Registered Agent for AT                               | LAS NNN PROP            | ERTIES, LLC                 |                       | AMID: 33             |
| -   |                         |                             |                       | ALT W                |
|   | Name of Limi            | ited Liability Company      |                       |                      |
| L09000036489  |                         |                             |                       |                      |
| Document Nun  | nber, if known          | = <del></del> -             |                       |                      |
| A copy of this resignation.  The agency is terminated |                         |                             | •                     |                      |
|   | 36                      | Signature of Resigning Agen |                       | y statement to thou. |
| If signing on behalf of an                            | entity:                 |                             |                       |                      |
|   | NICKOLAS J. SF          | PRADLIN                     |                       |                      |
| •   | Ту                      | ped or Printed Name         | <del></del>           |                      |
|   | CEO                     |                             |                       |                      |
|   |                         | 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