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CALLAHASSEE, FLORIDA

D. BRUCE

JUN 2 4 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: ATLANTIC SEAL LLC	ted Liability Company)
	(Name of Limi	ted Clability Company)
The enfiling.		manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning	this matter to:
SER	RGEY LEBEDEV	·
	(Contact Person)	*****
ATL	ANTIC SEAL LLC	09 JUN 23 PH 12: 3 SECRETARY OF STATALLAHASSEE. FLORE
	(Firm/Company)	HE UN
		SSE 23
3800	D SOUTH OCEAN DR. SUITE	= 723 Mg = 7
	(Address)	FLC
HOL	LYWOOD, FL 33019	TATE ORID
HOL		
	(City/State and Zip Code)	
For fu	orther information concerning this matte	r, please call:
SER	RGEY LEBEDEV	at (786) 247-0947
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
Regist	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle assee, Florida 32301	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

	mited liability company as	s it appears on the records	of the Florid	da De	partment
2. This limited liabili FLORIDA	ty company was organized	d under the laws of:	SECRETARY TALLAHASSE	09 JUN 23	7
3. The Florida docum L090000488	nent/registration number o	f this limited liability com	OF STATE E. FLORIDA	PM 12: 38	ED
4. I, ALEXEY NI	KOLAEV	, hereby resign as a	MGRM		
(Print Name of Person Resigning)		,,g	(Print	Title)	
of this limited liabilities resignation in writi	lity company and affirm thing.	ne limited liability compar	ny has been i	notifie	ed of my
Signature of Resign	ning Member, Managing	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				