

41000032858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700280803347

01/19/16--01031--007 **110.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 19 P 3:31

FILED

JAN 20 2016
6:00 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATL Investments, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000022858

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:

Larry A. Graese

Name of Person

ATL Investment Properties, LLC

Name of Firm/Company

4568 131st Avenue N.

Address

Clearwater, FL 33762

City/State and Zip Code

paulinestrach@adamstank.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pauline Strach

Name of Person

at (727)

Area Code

540-0931

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

2016 JAN 19 P 3 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Larry A. Graese

Name of Registered Agent

, hereby resigns as

Registered Agent for ATL Investment Properties, LLC

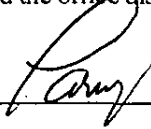
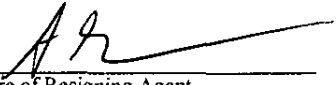
Name of Limited Liability Company

L11000022858

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:

Larry A. Graese

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

2016 JAN 19 P 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED