

L110000039319

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantic Equity Partners, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000039319

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:

Joseph Amira

Name of Person

Atlantic Equity Partners, LLC

Name of Firm/Company

3807 Candlewood Ct.

Address

Boca Raton, FL 33487

City/State and Zip Code

joseph@pjpcapital.com

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

For further information concerning this matter, please call:

Joseph Amira

Name of Person

at ( 561 ) 245-8563

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**Joseph Amira**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Atlantic Equity Partners, LLC**

Name of Limited Liability Company

**L11000039319**

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

2/18/14

If signing on behalf of an entity:

**JOSEPH AMIRA**

Typed or Printed Name

**Registered Agent**  
Capacity

2014 FEB 20 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

### 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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