

L11000139847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

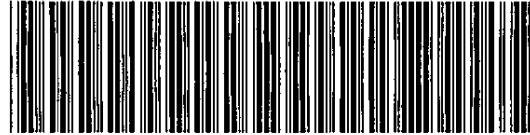
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 21 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATAM Capital, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jamie Skoczylas

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

7657 London Lane

\_\_\_\_\_  
Address

Boca Raton, FL 33433

\_\_\_\_\_  
City, State and Zip Code

atamservices@yahoo.com

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

For further information concerning this matter, please call:

Jamie Skoczylas

\_\_\_\_\_  
Name of Contact Person

at ( 561 ) 289-5900

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2015

JAMIE SKOCZYLAS  
7657 LONDON LANE  
BOCA RATON, FL 33433

SUBJECT: ATAM CAPITAL, LLC  
Ref. Number: L11000139847

We have received your document for ATAM CAPITAL, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

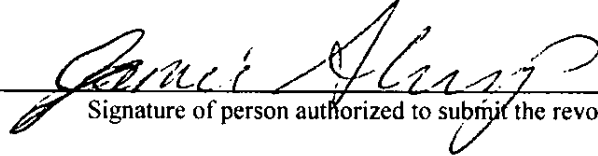
Letter Number: 115A00013880

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: ATAM Capital, LLC
2. The document number of the company is L11000139847
3. The effective date the Dissolution was filed is 04/02/2015  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. The revocation of dissolution was authorized on 06/23/2015
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

CR2E132 (4/15)

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DEPT OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
**Apr 02, 2015**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

**ATAM CAPITAL, LLC**

The document number of the limited liability company: L11000139847

The file date of the articles of organization: December 13, 2011

The effective date of the dissolution if not effective on the date of filing: April 2, 2015

A description of occurrence that resulted in the limited liability company's dissolution:

NO LONGER IN BUSINESS.

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **JAMIE SKOCZYLAS**

Electronic Signature of authorized person

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**15 JUL 14 PM 4:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**