

L120000044079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS

APR 10 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC AVENUE CAPITAL, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000044079

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:

WILLIAM P. JACOBSON

Name of Person

WILLIAM P. JACOBSON P.A.

Name of Firm/Company

105 S. NARCISSUS AVENUE

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

BILL@WPJLAW.COM

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

For further information concerning this matter, please call:

WILLIAM P. JACOBSON

Name of Person

at (561) 833-4440

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

WILLIAM P. JACOBSON

Name of Registered Agent

Registered Agent for **ATLANTIC AVENUE CAPITAL, LLC**

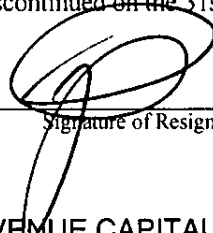
Name of Limited Liability Company

L12000044079

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:

ATLANTIC AVENUE CAPITAL, LLC

Typed or Printed Name

REGISTERED AGENT

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:
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P.O. Box 6327
Tallahassee, FL 32314

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