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(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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15 JAN -6 PM L: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIO

T. Burch FEB 1.3. 2005

COVER LETTER

Division of Corporations
SUBJECT: ATLANT INVESTMENT GROUP LL (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexsey Razdolgin
(Name of Person)
(Sand of Lebert)
Atland Investment group LLC (Firm/Company)
(Firm/Company)
626 Meridian Ave, Suite 11
(Address)
Mrami Beach, FL 33/35 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Alexsey Razololyin at (FB6) 8383886 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Atlant Investment Group LLC
Atlant Investment Group LLC 2. The Articles of Organization were filed on OF 109/ 2014 and assigned
document number
3. The delayed effective date the dissolution if not effective on the date of filing: O7/04/20/4 (effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
No business transactions.
<u> </u>
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
10.7 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Signature "Alersey Rondolgsu Printed Name
Signature " Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Atlant Investment Group LLC
Name of Limited Liability Company: Atlant Investment Group LLC Document number of Limited Liability Company is: L 14000 108 248
Date of dissolution was: January 29, 2014
Description of information that must be included in a written claim:
No broiner activity and francesions
SEE FLORIDA
DA OS
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
626 Merodian due sonte 11
Mram: Beach, FL 33139
A claim against the above named limited liability company will be barred unless a proceeding to enforce the
claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Lacololyin Alexses

Printed Name of the Person Filing