

LI5000106903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT -6 PM 3:24

FILED

OCT 08 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantis Property Management Services

Name of Limited Liability Company
DOCUMENT NUMBER: L15000106903

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:

Robert Stolpmann

Name of Person

Atlantis Property Management Services

Name of Firm/Company

3412 S Atlantic Ave

Address

Daytona Beach Shores FL 32118

City/State and Zip Code

stolpmannr@me.com

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

For further information concerning this matter, please call:

Robert Stolpmann

386

212 9119

at ()

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as

Name of Registered Agent

Atlantis Property Management Services

Registered Agent for

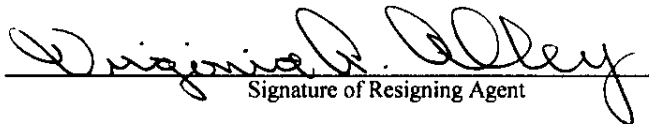
Name of Limited Liability Company

L15000106903

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:

VIRGINIA A. ALLEY
Typed or Printed Name
MANAGING MEMBER
Capacity

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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