

L15000165607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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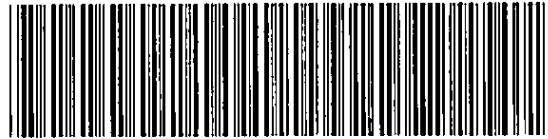
(Business Entity Name)

(Document Number)

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APR 17 2023

FILED  
2023 APR 17 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

Resignation

JUN 23 2023

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlas Title Services, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000165607

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:

Nicole Rappaport

Name of Person

Atlas Title Services

Name of Firm/Company

3620 NW 43rd Street, Suite A

Address

Gainesville, FL 32606

City/State and Zip Code

nicole@closeatlas.com

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

For further information concerning this matter, please call:

Nicole Rappaport

Name of Person

at ( 352 ) 533-5035

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2023 APR 17 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Justin Mowitz, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Atlas Title Services, LLC

\_\_\_\_\_  
Atlas Title Services, LLC

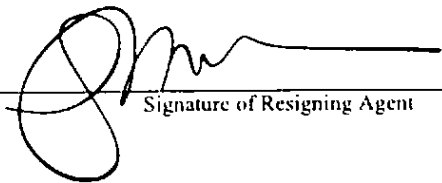
\_\_\_\_\_  
Name of Limited Liability Company

L15(XX)165607

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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2023 APR 17 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

## **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