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COVER LETTER

Division of Corporations	
SUBJECT: Atlantic Building (Name of Limited Liability)	Company UL
The enclosed member, resignation or dissociation and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Joshua a. Clark (Contact Person)	
Atlantic Building CO. (Firm/Company)	
2525 95th Ct, (Address)	
Vero Beach, FL, 32967 (City/State and Zip Code)	
For further information concerning this matter, please of	call:
Joshua a. Clark at (77) (Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florion \$25 Filing Fee ☐ \$55 F	da Department of State for: iling Fee & Certified Copy
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

TO: Registration Section



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SECKETARY OF STATE TALLAHASSEE. FL

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	ne limited liability co	ompany as it appears	on the records of th	e Florida Department
of State is:	Atlantic	Building	Company	. 46
	-	number assigned to t	this limited liability	company is:
L170C	0261145	<u> </u>		
3. The date this n	nember/manager wit	thdrew/resigned or w	ill withdraw/resign	is: <u>4/06/22</u>
_	_	ning), here		
AMBA	R / MGA (Print Title)	<u>e</u> .		
of this limited l resignation in v		d affirm the limited l	iability company ha	s been notified of my
	-//4/			
Signature of	Dissociating Membe	er-or-Resigning Mana	iger	
	\$25.00 (Requi \$30.00 (Option			