L19000026278

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
Office Use Only			



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COVER LETTER

TO: Regis	stration Section		
Divis	sion of Corporations		
SUBJECT:	Atlantic Premier Realty, LLC		
	(Name of Limi	ted Liability Con	npany)
The enclosed	d member, resignation or dissocia	ation and fee(s	e) are submitted for filing.
Please return	all correspondence concerning t	his matter to:	
Alison Blair			
	(Contact Person)		-
	(Firm/Company)		_
9113 N. Moble	ey Road		
	(Address)		-
Odessa, FL 33	556		
	(City/State and Zip Code)		-
For further is	nformation concerning this matte	r, please call:	
Alison Blair		813	363-1377
(N	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plo	ease find a check made payable to		
S25 Filin	g Fee	\$55 Filing	g Fee & Certified Copy
	ng Address:		Street Address:
-			
Alison Blair (N Enclosed plo S25 Filin Maili Region Divis P.O.	nformation concerning this matter Name of Contact Person) case find a check made payable to g Fee	at (

Tallahassee, FL 32303



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	s it appears on the records of the Florida Department
of State is: Atlan	tic Premier Realty, LLC	·
2. The Florida docu L19000026278	ument/registration number a	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
ALISON BLAIR		hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Qua. P	L .	
Signature of D	issociating Member or Resi	gning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	