K21000080604

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
		
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

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A. RIVERS MAR - 8 2023

COVER LETTER

TO: Registration Section	\$
Division of Corporations	
SUBJECT: ATIK REI LLC	
Name of Limited Liability (Company
DOCUMENT NUMBER: L21000080604	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the undersi	igned,	
United States Corporation Agents, Inc. , hereby		hereby resigns as	
		icreby resigns as	
Registered Agent for	ATIK REI LLC		
	Name of Limited Liability Company	,	
L21000080604			
Document N	lumber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after the		led.
	Signature of Resigning Agent	2012 DEC 2	11
If signing on behalf of an entity:		<u> </u>	- 1 - 11
	Cheyenne Moseley	ats. Inc.	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agen	its, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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