

L22000283280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

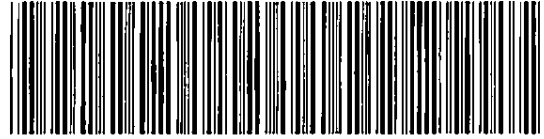
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Painting LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000283280

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:

Michelle Bonnett

Name of Person

Counting Coppers, LLC

Name of Firm/Company

881 Barton Blvd, Ste 3

Address

Rockledge, FL 32955

City/State and Zip Code

michelle@countingcoppers.com

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

For further information concerning this matter, please call:

Michelle Bonnett

Name of Person

at (321)
Area Code

236-8014

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Counting Coppers, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Atlantic Painting LLC

Name of Limited Liability Company

L22000283280

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.

Michelle Bonnett

Signature of Resigning Agent

If signing on behalf of an entity:

Michelle Bonnett

Typed or Printed Name

Owner

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 NOV 19 AM 8:19

FILED