## L22000308912

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(31), 3111 31, 1111 )				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to riving Officer.				

Office Use Only



400406888364

R. HUNT 04/24/23

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: ATL CAPITAL LL C (Name of Limited Liability	Company)
The e	nclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please	return all correspondence concerning this matter	to:
	(Contact Person)	
	PTL CAPITAL LLC (Firm/Company)	<u> </u>
18	SELMONT DR- (Address)	
	(City/State and Zip Code)	76367 24 AM 6: 02
	ther information concerning this matter, please ca	
	(Name of Contact Person) at (513)	ode & Daytime Telephone Number)
En¢los ☑ \$25	ed please find a check made payable to the Florida Filing Fee	a Department of State for: ing 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



## 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 the	e limited liability company a	as it appears on the records	s of the Florida Department
of State is:	ATL CAPITAL	LL C	
2. The Florida doc	ument/registration number a	assigned to this limited lia	bility company is:
L2200	10308912	·	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/re	esign is: 03/29/23
4. I, Oully 10	を Sciguez Name of Person Resigning)	, hereby withdraw/r	esign as a
Manager	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of my
4 wilmo Signature of Di	E Jaquez ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		77 Sec. 1 5.11