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(Requestor's Name) (Address)	800277215238
(Address) (City/State/Zip/Phone #)	
Business Entity Name)	09/21/1501012025 **25.00
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COVER LETTER

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TO: **Registration Section Division of Corporations** SUBJECT: (Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

#603

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For further information concerning this matter, please call:

1999 (Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & Certified Copy □ \$60 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Atlantic Partners LLC (Name of limited liability company) Jacksonville Florida (Jurisdiction of its organization) 4/28/ Date registered with Florida Department of State) 200 100835 (Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

(Typed or printed name of signee)

Filing Fee: \$25.00

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