# M0300000528

| (Requestor's Name)                      |                |             |
|---|----------------|-------------|
| (Address)                               |                |             |
| (Address)                               |                |             |
| (City/State/Zip/Phone #)                |                |             |
|   | ☐ WAIT         | _           |
| (Business Entity Name)                  |                |             |
| (Document Number)                       |                |             |
| Certified Copies                        | _ Certificates | s of Status |
| Special Instructions to Filing Officer: |                |             |
|   |                |             |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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2017 HAY 12 F 4: 30

D. BRUCE MAY 15 2017

### **COVER LETTER**

TO: Re

Registration Section

Division of Corporations

SUBJECT: Atlas One Financial Group, LLC

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Geremy Klein, Esq. Recalde Law Firm, P.A. 10800 Biscayne Blvd, Suite 988 Miami, FL 33132

For further information concerning this matter, please call:

Geremy Klein at (305) 792-9100

### **MAILING 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

SECRETARY OF STATE

2017 HAY 12 P 4:

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Name of Limited Liability Company: Atlas One Financial Group, LLC

Jurisdiction of its organization: **Delaware** 

Date registered with Florida Department of State: 02/12/2003

Florida Document Number: M0300000528

This Limited Liability Company is withdrawing its certificate of authority in this State.

(Signature of authorized representative)

(Printed Name of Signee)

Filing Fee: \$25.00

MAY 12 P to 3