

1103000000767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

WRONG FORM

Office Use Only



100308533511

02/06/18--01023--028 **55.00

FILED

18 FEB 26 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC'S GULF LIMITED LLC
(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:

JOHN DELUCCA

(Name of Person)

(Firm/Company)

314 AROMORE ROAD

(Address)

HO-HO-KUS, N.J. 07423

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN DELUCCA

(Name of Person)

at (347) 832-3069

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

(already paid - see attached letter)

FILED
18 FEB 26 PM 12: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ATLANTIC & GULF LIMITED, LLC
(Name of limited liability company)

FLORIDA
(Jurisdiction of its organization)

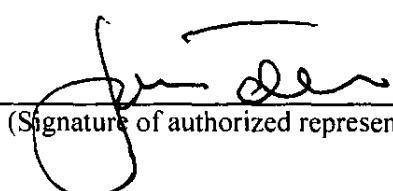
FEB 14, 2003 (qualified 3/6/2003)
(Date registered with Florida Department of State)

M03000000767
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

TONY DELUCCA
(Typed or printed name of signee)

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2018

ATLANTIC & GULF LIMITED, L.L.C.
JOHN DELUCCA
314 ARDMORE RD.
HO-HO-KUS, NJ 07423

SUBJECT: ATLANTIC & GULF LIMITED, L.L.C.
Ref. Number: M03000000767

We have received your document for ATLANTIC & GULF LIMITED, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00002744

RECEIVED
FEB 26 2018