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Special Instructions to	Filing Officer:	
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OCT - 3 2013 T. MAMPTON



## **CT** Corporation

111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

September 24, 2013

RE: ATLAS RECOVERY MANAGEMENT LLC (MN.DOM)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is  $\underline{1}$  check in the amount of  $\underline{\$ 25.00}$  to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 608.416(2) of	or 608.509, Florida Statut	es, the undersigned,		
C T CORPORATION SYSTEM			hereby resigns as		
	(Name of Registered Agent)	,			
Registered Agent for _	ATLAS RECOVERY MA	ANAGEMENT LLC (N	N.DOM)		
	(Name of Limited	Liability Company)			,
M080000017	95	,			
(Document Nu	mber, if known)	<del>-</del>			
A copy of this resignat	ion was mailed to the abov	e listed limited liability o	company at its last known	n address.	
<b>,</b>	_	aued on the 31st day after	the date on which this st	atement is	s filed.
If signing on behalf of	•				
	(Type ASSISTA	SYSTEM - Theresa Alf d or Printed Name) ANT SECRETARY Capacity)	TALL ALL ASS	2013 OCT -2	
	<b>FILING FE</b> \$ 85.00 A \$ 25.00 A	ES: active limited liability co administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolved, ty company	<b>AH</b> :	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314