Florida Department of State **Division of Corporations**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL ATLAS FL I SPE, LLC

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:At	as FL I SPE, LLC		
	(Name of For	eign Limited Liabi	lity Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the follow	wing:
Katrina D. Ram	ey		
· · · · · · · · · · · · · · · · · · ·	(Name of Person)		
BB&T			
	(Гілп/Сопрапу)		
200 West Seco	nd Street, 3rd Floor		
	(Address)		
Winston-Salem	, NC 27101		
	(City/State and Zip Cod	e)	
For further information	on concerning this matter, p	lease call:	
Cathy Galfo		336	733-2426
(Na	me of Person)	at (ode & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration		Registration Section as Division of Corporations	
	Division of Corporations Division of Corporations P.O. Box 6327		
	live Center Circle	Tallahassee, Florida 32314	
Tallahassee,	Florida 32301		•
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Atlas FL I SPE, LLC
(Name of limited liability company)
North Carolina
(Jurisdiction of its organization)
March 13, 2009
(Date registered with Florida Department of State)
M09000001015
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
The
(Signature of authorized representative)
Eugenia R. Wade, Manager of sole member Atlas SPE, LLC

(Typed or printed name of signee)

Filing Fec: \$25.00

TALLAHASSEE, FLORIGA