

M12 0000 08764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

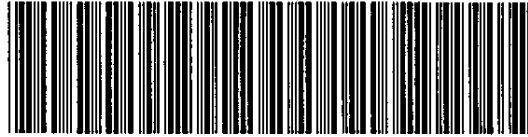
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/15--01041--013 **25.00

FILED
15 APR 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATRIUM MANAGEMENT SERVICES, 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:

Camila Esteves

(Name of Person)

Atrium Innovations Inc.

(Firm/Company)

3500 de Maisonneuve Blvd. West, Suite 2405

(Address)

Westmount, Quebec, H3Z 3C1

(City/State and Zip Code)

For further information concerning this matter, please call:

Santina Pendino at (514) 205-6240 ext: 11036

(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

MAILING ADDRESS:

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

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ATRIUM MANAGEMENT SERVICES, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

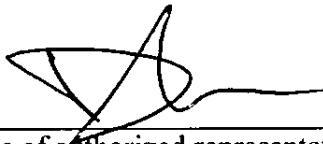
FEBRUARY 8, 2012

(Date registered with Florida Department of State)

M12000000764

(Florida Document Number)

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



(Signature of authorized representative)

DAVID TORRALBO

(Typed or printed name of signee)

FILED
15 APR 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00