

M16000009691

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL
ATALCO LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

(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:

(Name of Person)

Capitol Services - Corporate Filings Team

(Firm/Company)

515 East Park Avenue 2nd Fl

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (855) 498 - 5500
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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

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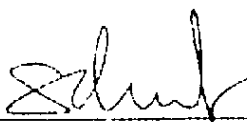
NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Atalco LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
12/05/2016; effective 1/1/2017
(Date registered with Florida Department of State)
M16000009691
(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)

ANDREAS SCHMITZ
 (Typed or printed name of signer)

Filing Fee: \$25.00

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