

M1700000 1364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

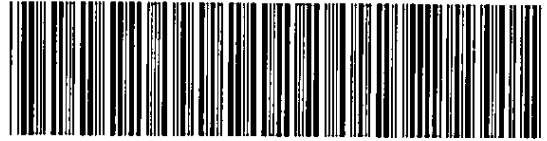
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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2019 APR 12 P 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/12/19 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2019

ANITA OKEN
5 RENAISSANCE SQUARE PH2C
WHITE PLAINS, NY 10601

SUBJECT: ATLANTIC 2715, LLC
Ref. Number: M17000001364

We have received your document for ATLANTIC 2715, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 319A00003246

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TALLAHASSEE, FLORIDA

2019 APR 12 09 51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC 2715, 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:

ANITA OKEN
(Name of Person)

(Firm/Company)

5 RENAISSANCE SQUARE PH 2
(Address)

WHITE PLAINS N.Y. 10601
(City/State and Zip Code)

For further information concerning this matter, please call:

ANITA OKEN at (914) 582-7884
(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:

- | | | | |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <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 |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

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2013 APR 12 P 9 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ATLANTIC 2715, LLC

(Name of limited liability company)

(It's a Delaware LLC authorized to transact business

INVESTOR in the State of Florida)

(Jurisdiction of its organization)

February 14, 2017

(Date registered with Florida Department of State)

M1700000 1364

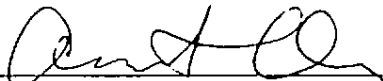
(Florida Document Number)

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 records.



(Signature of authorized representative)

ANITA OKEN

(Typed or printed name of signee)

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2017 APR 12 P 4 51
CLERK OF STATE
TALLAHASSEE, FLORIDA