## M170006813

(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

K. SALY MAR 19 2018

## **COVER LETTER**

_	stration Section sion of Corporations			
SUBJECT:	Atara Equities LLC			
	mpany)			
The enclosed	d member, resignation or dissocia	ation and fee(	s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
Ely R Levy			_	
	(Contact Person)			
Militzok & L	_evy, PA			
	(Firm/Company)		_	
3230 Stirlin	ng Road, Suite 1		,	
	(Address)		_	
Hollywood,	Florida 33021			
<u> </u>	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
Ely Levy		954 at (	7278570	
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple □ \$25 Filing	ease find a check made payable to		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin of State is: Atara E	nited liability company as it appears on t	he records of the Florida Department
2. The Florida docume M1700006813	ent/registration number assigned to this	limited liability company is:
3. The date this memb	per/manager withdrew/resigned or will w	vithdraw/resign is:
4. I, Ely R Levy	, hereby v	
Manager	o of total trongland	•
(Pr	int Title)	
of this limited liabilinesignation in writing	ity company and affirm the limited liabiling.	ity company has been notified of my
Signature of Disso	ociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	