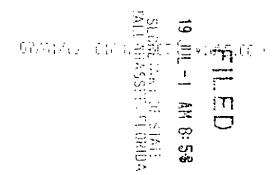
M1700000 6813

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ATARA EQUITIES LLC	
Name	of Limited Liability Company
DOCUMENT NUMBER: M170000068	313
	agent for a Limited Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to the following:
Krystal Beckner	
Name of Person	
COGENCY GLOBAL INC. Name of Firm/Company	
850 New Burton Rd., Suite 201	
Address	
Dover, DE 19904	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this m	atter, please call:
Invoices Team Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed is a check made payable to the I	Florida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
TO LET ISON DAY (CHHOD KIHADDO

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the under	signed.		
COGENCY GLOBAL INC.		, hereby resigns as		
Name of Registered A	gent			
Registered Agent for ATARA EQUITIES	SLLC			
				······
Name of L	imited Liability Company			
M17000006813				
Document Number, if known				
A copy of this resignation was mailed to the	e above listed limited liability c	ompany at its last	known addre	ess.
The agency is terminated and the office dis-	continued on the 31st day after	the date on which	this stateme	nt is filec
	Signature of Resigning Agent		من ح ق	
If signing on behalf of an entity:				
Krystal Beckr	ier			71
Assistant Secre	Typed or Printed Name etary, COGENCY GLOI	BAL INC.	SEAST AN STAIL STAIL STAIL STAIL	
	Capacity		7 3 5	ij
FILIN \$ 85.00 \$ 25.00		mpany d/ voluntarily diss		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314