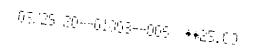
M1700000 8397

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN 1 7 2020 S. YOUNG

THE IRONS LAW FIRM

219 North Court Street Florence, Alabama 35630 Telephone (256) 766-9201 Telecopier (256) 766-9220

Tammy L. Irons

Licensed in Alabama and Tennessee Writer's E-mail: tammy@ironslawfirm.com

May 26, 2020

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

Re: Dissolution - Atlantic at Ft. Lauderdale, LLC

Dear Sir or Madam:

Enclosed please find a Notice of Withdrawal of Certificate of Authority to be recorded by your office regarding the above entity. Additionally, I have enclosed a check payable to the Florida Department of State in the amount of \$25.00 for the required filing fee. Let me know if you have any questions.

Tammy L. Irons

Enclosure TLI/rsa

c: James O. Thompson

COVER LETTER

TO: Registration Division of	n Section Corporations		
	NTIC AT FT. LAUDERDA	LE, LLC	
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all core	respondence concerning this	matter to the following	g:
TAMMY L. IRONS	S		
	(Name of Person)		-
THE IRONS LAW	FIRM		
	(Firm/Company)		_
219 NORTH COU	RT STREET		
	(Address)	***	_
FLORENCE, AL 3	5630		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	lease call:	
RACHEL ABERNA	АТНҮ	256 at (766-9201
(8)	ame of Person)	(Area Code &	& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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

ATLANTIC A	AT FT. LAUDERDALE. LLC
	(Name of limited liability company)
ALABAMA	
	(Jurisdiction of its organization)
OCTOBER 2.	. 2017
	(Date registered with Florida Department of State)
M1700000839	97
	(Florida Document Number)
This limited	I liability company is withdrawing its certificate of authority in this state.
(If an effecti more than 90 Note: If the	ate, if other than the date of filing:
	(Signature of authorized representative)
	JAMES O. THOMPSON
	(Typed or printed name of signee) ANY 29 AM 6:

Filing Fee: \$25.00