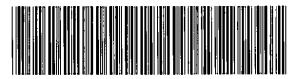
# 1120000002380

(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				

Office Use Only



700364408687

58 1 [1] 1 Cl 8d8 1212

O SIMMONS APR 20 2021

#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **incserv**<sup>o</sup>

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 4/16/2021

850-245-6051

**PRIORITY** Regular Approval

OUR REF\_#\_(Order\_ID#) 910716

ORDER ENTITY\_\_\_\_\_
ATRIUM HOLDINGS A LLC

PLEASE	PERFORM THE F	OLLOWIN	IG SER	VICES:

ATRIUM HOLDINGS A LLC (FL)

File the attached withdrawal document and provide a certified copy.

NOTES:

\$55.00 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sinceraly,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, April 16, 2021 Page 1 of 1

2021 APR 19 AH 11: 30

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ATRIUM HOLDINGS A LLC
(Name of limited liability company)
<u>Delaware</u>
(Jurisdiction of its organization)
03/02/2020
(Date registered with Florida Department of State)
M2000002380
(Florida Document Number)
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
Ofgnature of authorized representative)
CRYSTAL SOLORZANO
(Typed or printed name of signee)

Filing Fee: \$25.00