## P09000087506

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>&gt;</i> #)
	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Special Instructions to	Filing Officer:	





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TB 2-2-11

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	JECT: Atlantis Recovery Company (Name of Comporation)
DOC	UMENT NUMBER: <u>P09000087506</u>
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	(Name of Person)
	Carmel Properties (Name of Firm/Company)
<u></u>	4411 Bee Ridge Rd # 130 (Address)
	Sarasota FL 34233 (City/State and Zip Code)
For fu	orther information concerning this matter, please call:
	(Name of Person) at (941) 586-1939 (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle  Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEFOFSTATE \_\_\_\_\_, hereby resign as\_\_\_\_ P090000 87506 (Document Number, if known) \_\_\_\_, a corporation organized under the laws of the State of

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314