

P1300000-12086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

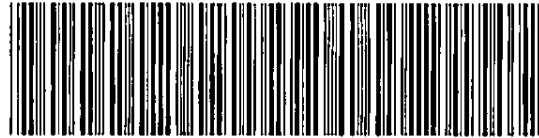
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FILED
2024 AUG 12 PM 3:07
CLERK OF SUPERIOR COURT
JANUARY 1, 2025

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC FUNDING CAPITAL CORP
(Name of Corporation)

DOCUMENT NUMBER: P13000072086

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PURUNCAJAS, JOHANN

(Name of Person)

ATLANTIKOS FINANCIAL GROUP LLC

(Name of Firm/Company)

4725 W. SAND LAKE RD SUITE 200

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

PURUNCAJAS, JOHANN at (407) 259 2626
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2024 AUG 12 PM 3:07
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ATLANTIKOS FINANCIAL GROUP LLC
(Name of Registered Agent)

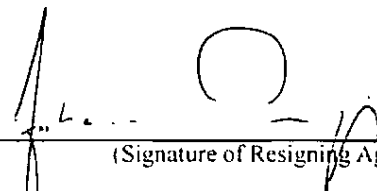
hereby resigns as Registered Agent for ATLANTIC FUNDING CAPITAL CORP
(Name of Corporation)

P13000072086

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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