



**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **PCM LLC**

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JESSICA WILSON**

(Name of Person)

**PCM LLC**

(Firm/Company)

**6699 SHERIDAN RD**

(Address)

**MELBOURNE, FL 32904**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JESSICA WILSON**

(Name of Person)

at ( **321** ) **443-3851**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FILED  
14 JAN 27 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: P.C.M - L.L.C.

2. The Florida document/registration number of this limited liability company is: 104000078134

3. The date this member withdrew or will withdraw is: 12/31/2013

4. I, MARTIN LLORENS, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Martin Llorens MGR.  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)