

L080000662917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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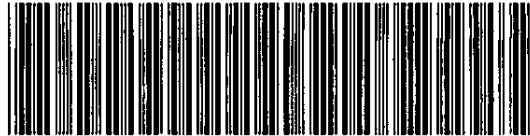
(Business Entity Name)

(Document Number)

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1 FEB 16  
16 FEB 16 PM 3:17  
REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

FEB 17 2016  
✓ SIGNED

**THE SCHIFFRIN LAW FIRM, PLLC**

9200 South Dadeland Boulevard  
Suite 208 - Dadeland Office Park  
Miami, Florida 33156

Michael Schiffrin, Esq.  
schifflaw@aol.com

Jessica Schiffrin, Esq.  
jessica.b.schiffrin@gmail.com

February 11, 2016

Of Counsel:  
Ted H. Bartelstone, Esq.

Telephone: (305) 539-0000  
Telecopier: (305) 539-0013

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


Re: **Pantheras Tre, LLC**

Dear Sir/Madam:

Enclosed please find the original and one copy of the Cover Letter and the *Statement of Resignation of Registered Agent for a Limited Liability Company* with regard to **Pantheras Tre, LLC**, along with our check in the amount of \$25.00 made payable to the Florida Department of State representing the fee required by your office. I am herewith enclosing a stamped, self-addressed envelope for you to return your acknowledgement that this firm is now the registered agent for said limited liability company.

Of course, if you should have any questions or require anything further, please contact me immediately.

Very truly yours,

  
THE SCHIFFRIN LAW FIRM, PLLC

MICHAEL SCHIFFRIN, ESQ.

MS/ine  
Encl.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PANTHERAS TRE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000066297

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Schiffrin, Esq.  
Name of Person

The Schiffrin Law Firm, PLLC  
Name of Firm/Company

9200 South Dadeland Boulevard, Suite 208  
Address

Miami, Florida 33156  
City/State and Zip Code

schifflaw@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Schiffrin at (305) 539-0000  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**SHAWN FRECHETTE**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **PANTHERAS TRE, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L08000066297**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

*Shawn Frechette*  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**SHAWN FRECHETTE**

\_\_\_\_\_  
Typed or Printed Name

*Registered Agent*  
\_\_\_\_\_  
Capacity

FILED  
FEB 16 PM 3:18  
TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
                  withdrawn limited liability company

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