

L080000662917

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REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

FEB 17 2016
V. S. ...

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.schiffirin@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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

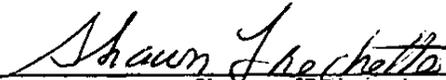
Name of Limited Liability Company

L08000066297

Document Number, if known

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

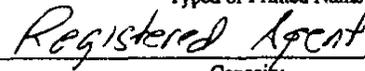
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

SHAWN FRECHETTE

Typed or Printed Name


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