

LI500 161062

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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O. SIMMONS  
OCT 03 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PPM America LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000161062

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:

Angelika Postert  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

13055 Castle Harbour Drive Apt K3  
Address

Naples FL 34110  
City/State and Zip Code

a.postert@flexopharm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Marzak at (239) 571-459  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

George P. Langford hereby resigns as  
Name of Registered Agent

Registered Agent for PPM America, LLC  
Name of Limited Liability Company

L15 000161062  
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.

George P. Langford  
Signature of Resigning Agent

If signing on behalf of an entity:

George P. Langford  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**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withdrawn limited liability company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**

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17 OCT -2 PM 12:30  
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