

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PFEFFERKORN TRIM CONTRACTING LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000100178

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:

PFEFFERKORN, ANDREW J or JESSICA M.
Name of Person

PFEFFERKORN TRIM CONTRACTING LLC
Name of Firm/Company

2864 TUPELO DRIVE
Address

PANAMA CITY, FL 32405
City/State and Zip Code

ANDY.PTC23@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew J Pfefferkorn at (850) 241-5131
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

PYNE LAW GROUP, P.A. _____, hereby resigns as
Name of Registered Agent

Registered Agent for PFEFFERKORN TRIM CONTRACTING LLC

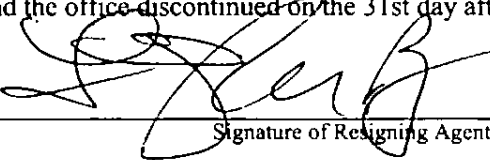
Name of Limited Liability Company

1.17000100178

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

FILED
2021 APR - 1 AM 11:54

If signing on behalf of an entity:

Laura C. Pyne

Typed or Printed Name
President

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withdrawn limited liability company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**