

49000 214 228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

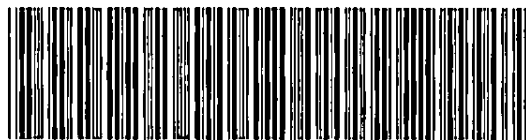
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT -4 PM 1:16
TALLAHASSEE, FL

OCT 23 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIA CBD LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000214228

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:

PHILIP JOSEPHSON
Name of Person

STERLING BUSINESS LAW
Name of Firm/Company

2665 S. BAYSHORE DRIVE, PH2B
Address

MIAMI, FL 33133
City/State and Zip Code

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

For further information concerning this matter, please call:

PHILIP JOSEPHSON at (305) 2857970
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

STERLING BUSINESS LAW

, hereby resigns as

Name of Registered Agent

Registered Agent for PIA CBD LLC

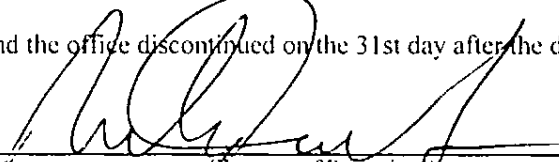
Name of Limited Liability Company

L19000214228

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:

PHILIP JOSEPHSON

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

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withdrawn limited liability company

FILED
2019 OCT -4 PM 1:16
TALLAHASSEE, FL
SECRETARY OF STATE

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