

K2200000 34461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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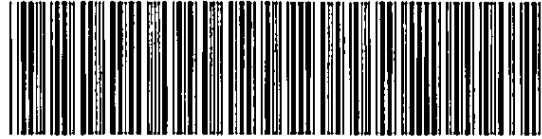
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pack Academy LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000034461

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:

Jeannine Wilman
Name of Person

Pack Academy LLC
Name of Firm/Company

1844 NW 109th Ave
Address

Plantation FL 33322
City/State and Zip Code

pack.academyllc@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannine Wilman at (954) 624 6246
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Brianna Alamo

Name of Registered Agent

, hereby resigns as

Registered Agent for

Pack Academy LLC

Name of Limited Liability Company

L22000034461

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.

B Alamo

Signature of Resigning Agent

If signing on behalf of an entity:

Jeanine Wilman

Typed or Printed Name

Member ~~Owner~~ of Pack Academy

Capacity

STATE OF FLORIDA
TALLAHASSEE

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FILED

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