

204000078134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PCM LLC**

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA WILSON

(Name of Person)

PCM LLC

(Firm/Company)

6699 SHERIDAN RD

(Address)

MELBOURNE, FL 32904

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JESSICA WILSON

(Name of Person)

at (**321**) **443-3851**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PCM LLC

2. The Florida document/registration number of this limited liability company is: 104000078134

3. The date this member withdrew or will withdraw is: 12/31/2013

4. I, CAROL A GRAVES, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Carol A. Graves, Mgr

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA