

L13 000013198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

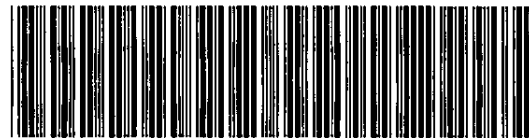
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400257237724

03/03/14--01004--013 **55.00

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03-03-14 BY 60322/UC/STP/STP

& Silvers MAR 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PT Capital Investments LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SUSAN BUCKLER
(Contact Person)

(Firm/Company)

PO Box 1950
(Address)

WALDORF MD 20604
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN BUCKLER at (301) 870 8282
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

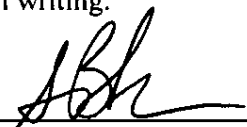
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PT Capital Investments LLC

2. The Florida document/registration number of this limited liability company is:
L13000013198

3. The date this member withdrew or will withdraw is: 12-31-13

4. I, Susan P. Buckler, hereby resign as a Partner/Managing Member
(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.


Signature of Resigning or Dissociating Manager, Member

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

RECEIVED
2014 JAN 2 10 42 AM
CORPORATION DIVISION