

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
 Account Number : I20090000081  
 Phone : (307)200-2803  
 Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION**  
**1581 1620 PBP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2022 JUN 29 AM 11:42

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JUN 29 2022  
 K. Brumley

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

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

NORTHWEST REGISTERED AGENT LLC, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

1581 1620 PBP LLC

\_\_\_\_\_  
Name of Limited Liability Company

\_\_\_\_\_  
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:

Tom Glover

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary

\_\_\_\_\_  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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