

12/7/2015

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SAAVEDRA, GOODWIN
Account Number : I20040000091
Phone : (954)767-6333
Fax Number : (954)767-8111

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

Email Address: dlcc@whalecay.com

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
PCD INVESTMENTS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$85.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCD Investments, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L02000017616

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:

Kimberly Fenichel

Name of Person

Saavedra Goodwin

Name of Firm/Company

312 SE 17th Street, Second Floor

Address

Ft. Lauderdale, FL 33316

City/State and Zip Code

kfenichel@saavilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Fenichel

Name of Person

at (954) 767-6333

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

((H1500088691 3)))

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

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

Damaso W. Saaverda

, hereby resigns as

Name of Registered Agent

Registered Agent for **PCD Investments, LLC**

Name of Limited Liability Company

L02000017616

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:

Typed or Printed Name

Capacity

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15 DEC -7 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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