LD3000008375

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(5)		
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: PINK PANTHER ENTERPRISES, LLC. (Name of Limited Liability Company)
DOCUMENT NUMBER: L0300008375
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:
ROBERTO TORRES (Name of Person)
PINK PANTHER ENTERPRISES, LLC. (Name of Firm/Company)
400 Arthur Godfrey Road # 506 (Address)
Miami Beach, FL 33140 (City/State and Zip Code)
For further information concerning this matter, please call:
ROBERTO TORRES at (305) 672-5190 (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or	r 608.509, Florida Statutes, the undersigned,
Roberto Torres Sr	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for Pink Panther Ente	rprises LLC
400 Arthur Godfrey RD #506 Mia	
(Name of Limited	Liability Company)
L0300008375	
(Document Number, if known)	
A copy of this resignation was mailed to the above	e listed limited liability company at its last known address.
Spliesto	ned on the 31st day after the date on which this statement is filed. Duty nature of Resigning Agent)
If signing on behalf of an entity:	8 7 7 7 7 7 7 7 7 7 7
(Typed	I or Printed Name)
(C	Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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