

L04000007448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

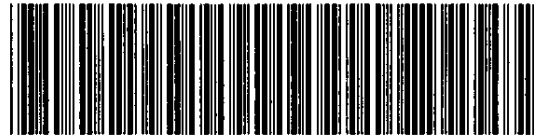
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
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07 SEP 17 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. A. Resegre

G. Goulette SEP 21 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PT Enterprises

(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000007448

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:

Earl Holmes

(Name of Person)

(Name of Firm/Company)

323 Savannah Holly Lane

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Earl Holmes

(Name of Person)

at ( 407 ) 302-7045

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ENCLOSURE

285709 07 25331

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**Earl Holmes**

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **PT Enterprises, LLC**

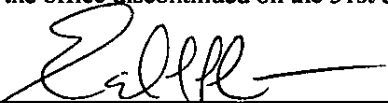
(Name of Limited Liability Company)

**L04000007448**

(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)

07 SEP 17 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

### 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