

LD4 000035813

(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:

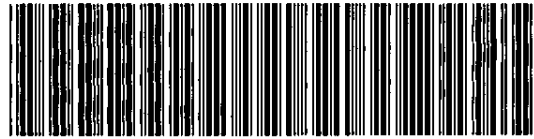
\$25.⁰⁰

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EXAMINER



700181315767

05/27/10--01028--018 **367.50

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Acquire Land Title PCB, LLC
(Name of Corporation)

DOCUMENT NUMBER: LD4000035813

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Saunders

(Name of Person)

Stewart Title Company

(Name of Firm/Company)

1980 Post Oak Blvd

(Address)

Houston, TX 77056

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Saunders

(Name of Person)

at (713) 479-3019

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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,

NACOLE KLOOTWYK

, hereby resigns as

Name of Registered Agent

Registered Agent for

ACQUIRE LAND TITLE PCB, LLC

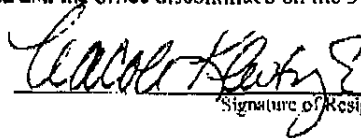
Name of Limited Liability Company

L04000035813

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

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