Division of Corporations

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Florida Department of State Division of Corporations

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Fax Number : (850)205-0380

: LAW OFFICES OF JOHN W. SCHARLACKEN, P.A. Account Name

Account Number: 120030000153 .: (239)598-2295 Phone Fax Number (239)598-1810

REGISTERED AGENT RESIGNATION

PPS, PALM PROPERTY SERVICES, LLC

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 608.416(2) or 608.509, Florida Sta	intes, the undersigned,
John W Scharlack	en Esq	_ , hereby resigns as
	(Name of Registered Agent)	
Registered Agent for	PPS, Palm Property Services, LLC	
-	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
	(Name of Limited Liability Company)	
L04000081093		
(Document Num	iba, if known)	
The agency is terminate	d and the office discontinued on the 31st day aff	ter the date on which this statement is filed.
If signing on behalf of a	in entity:	
•	Law Offices of John W Scharlacken i	PA CR
,	(Typed or Printed Name) President	
	(Capacity)	- S

\$ 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withdrawn limited liability company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