

3/12/2003 Mar. 12, 2015

1:54 PM

Incorporating Services, LTD. No. 8430

No. 8430

P. 1

**L05000039384**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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DIVISION OF CORPORATIONS  
INFORMATION SERVICES

To:

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

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : 120050000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION**  
**PSM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 12 PM 2:01

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AND  
FILED

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Corporate Filing Menu

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T. LEMIEUX

MAR 13 2015

Mar. 12.. 2015 1:34PM Incorporating Services, LTD.

No. 8430 P. 2

H150000634003

**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** PSM, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** LC5000039384

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:

**DENELL SPROWL**

Name of Person

**INCORPORATING SERVICES, LTD.**

Name of Firm/Company

**3500 SOUTH DUPONT HIGHWAY**

Address

**DOVER, DE 19901**

City/State and Zip Code

**ACCOUNTING@INCSERV.COM**

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

For further information concerning this matter, please call:

**DENELL SPROWL**

Name of Person

at (800) 346-4646

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

H150000634003

Mar. 12. 2015 1:34PM Incorporating Services, LTD.

No. 8430 P. 3

H150000634003

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

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

INCORPORATING SERVICES, LTD.

, hereby resigns as

Name of Registered Agent

Registered Agent for PSM, LLC

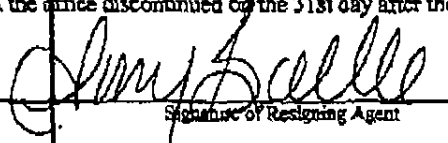
Name of Limited Liability Company

L05000039384

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:

AMY M. BALKE

Typed or Printed Name

ASSISTANT SECRETARY

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

DNHS17 (2/14)

15 MAR 12 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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