## L05000094182

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
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SECRETARY OF STATE

R.A. Ross

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## **COVER LETTER**

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations
SUBJECT: PGA Designs, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L05000094182
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:
Marla R. Mayster (Name of Person)
Hodgson Russ LLP (Name of Firm/Company)
1801 N. Military Trail, Suite 200(Address)
Boca Raton, FL 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
Marla R. Mayster  (Name of Person)  at (561) 862-4126  (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Amendment Section

Tallahassee, FL 32301

Division of Corporations Clifton Building
2661 Executive Center Circle

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Sta	itutes, the undersigned,	
HRAWG Corp.	, hereby resigns as	
(Name of Registered Agent)		
Registered Agent for PGA Designs, LLC		
(Name of Limited Liability Company)	<del>`</del>	<i>و</i> ــ
L05000094182		
(Document Number, if known)	•	
A copy of this resignation was mailed to the above listed limited liability	y company at its last known address.	
The agency is terminated and the office discontinued on the 31st day aft		s filed.
If signing on behalf of an entity:	TASS	
James M. Hankins		
(Typed or Printed Name) Vice President	06 MAR 19   SECRETARY LLAHASSE	
(Capacity)	9 PM SEE, F	
FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissol withdrawn limited liabi	company ved/voluntarily dissolved/	Ö

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314