

LOS 000/07664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

RA Resign  
Theris  
2-25-09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Professional Business Expansion  
(Name of Limited Liability Company)

DOCUMENT NUMBER: L 05000 107664

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:

Indira Blyskal  
(Name of Person)

Professional Business Expansion  
(Name of Firm/Company)

9051 SW 162 Lane  
(Address)

Miami, FL 33157  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rene Piedra at ( 305 ) 989-9581  
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Rene Piedra, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Professional Business Expansion, LLC

(Name of Limited Liability Company)

L 05 000 107 664  
(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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

FILED  
09 FEB 19 AM 10:57  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE