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FILED
MAY 7 2018
TALLAHASSEE, FL 32304

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MAY 7 2018
TALLAHASSEE, FL 32304

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5/11/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACE SPECIALTY SERVICES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000005283

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:

CORINNE CURRIER

Name of Person

GEORGE TRENEN BUSH CPA & CO., P. A.

Name of Firm/Company

205 AVENUE K SE

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

CORI_GTBCPA@YAHOO.COM

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

For further information concerning this matter, please call:

CORINNE CURRIER

Name of Person

at (863) 401-8866

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TALLAHASSEE, FLORIDA

2010 MAY -7 P 12:50

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

GEORGE TRENEN BUSH, CPA

, hereby resigns as

Name of Registered Agent

Registered Agent for **PACE SPECIALTY SERVICES, LLC**

Name of Limited Liability Company

L07000005283

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

FILED
2010 MAY -7 P 12:51
TALLAHASSEE, FL

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withdrawn limited liability company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