

| (Re                     | questor's Name)       |        |
|-------------------------|-----------------------|--------|
| (Ad                     | dress)                |        |
| (Ad                     | dress)                |        |
| (Cit                    | ty/State/Zip/Phone #) | )      |
| PICK-UP                 | WAIT                  | MAIL   |
| (Bu                     | siness Entity Name)   |        |
| (Do                     | ocument Number)       |        |
| Certified Copies        | _ Certificates of     | Status |
| Special Instructions to | Filing Officer:       |        |
|                         |                       |        |
|                         |                       |        |
|                         |                       |        |





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04/17/15--01028--011 \*\*25.00

TALLAHASSEE, FLORIDA

APR 24 2015
R. WHITE

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: PBC Fort Myers LLC  Name of Limited Liability Company  DOCUMENT NUMBER: LO70008063   |
| 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:   |
| DiAna Buchman   |
| PBC FORT MYEVS  Name of Firm/Company  |
| 7710 DAM# 4 Road  |
| Williamsport MD 21795 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  |
| Name of Person at ()  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:  |
| Registration Section Registration Section   |
| Division of Corporations  Division of Corporations  |
| P.O. Box 6327 Clifton Building  |

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

 $\vec{j} = -1$ 

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

| Pursuant to the provisions of section 605.0115, Flo |  |       |             |             |         |   |
|---|--|-------|-------------|-------------|---------|---|
| Terri J. Skinner Name of Registered Agent           | , hereby resigns as  |       |             |             |         |   |
| Name of Registered Agent                            |  |       |             |             |         |   |
| Registered Agent for PBC For+                       | Myers LLC  |       |             |             |         |   |
| Name of Limited I.                                  | iability Company   |       | ,           |             |         |   |
| Traile of Emilies 1.                                | natinity company   |       |             |             |         |   |
| LO7000080663  |  |       |             |             |         |   |
| A copy of this resignation was mailed to the above  | e listed limited liability company at its last knowr                                 | ı add | ress.       |             |         |   |
| 77  |  |       |             |             |         |   |
| The agency is terminated and the office discontinu  | ied on the 31st day after the date on which this st                                  | atem  | ent is file | d.          |         |   |
| Jemysk  | ima  |       |             |             |         |   |
|   | nature of Resigning Agent  |       |             |             |         |   |
| If signing on behalf of an entity:                  |  |       |             |             |         |   |
|   |  |       | ***         |             |         |   |
| Typed o   | or Printed Name  | , T   | <b>~</b> 49 | ਲੀ          |         |   |
|   |  |       | <b>3</b>    | 7~          |         |   |
| Ca  | apacity  |       | 弄一          | ₹0<br>20    | 明       |   |
|   |  |       |             |             | 1. (3%) | • |
|   |  |       | in in       | 7           |         |   |
| FILING FEE  | ES:  |       |             |             | (C)     |   |
| \$ 85.00 Ac<br>\$ 25.00 Ad                          | ctive limited liability company<br>Iministratively dissolved/ voluntarily dissolved/ |       | SE 2        | <del></del> |         |   |
| wi  | ithdrawn limited liability company   |       | 1-          | ហ្គ         |         |   |

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