

LO7000104943

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
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.

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LLC REGISTERED AGENT RESIGNATION
PLD ACQUISITIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 DEC 21 A 9:34

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DEC 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLD ACQUISITIONS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000104943

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:

MONICA CLIFFORD
Name of Person

INCORPORATING SERVICES, LTD.
Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY
Address

DOVER, DE 19901
City/State and Zip Code

RADIV@INCSERV.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA CLIFFORD at (800) 346-4646
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

KAREN ELLIOTT

_____, hereby resigns as

Name of Registered Agent

Registered Agent for **PLD ACQUISITIONS LLC**

Name of Limited Liability Company

L07000104943

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.

Karen Elliott

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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**