

Dec. 21. 2016 4:29 PM

LO7000104943

No. 0519 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000312823 3)))



H16000312823ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
2016 DEC 21 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

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**

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **PLD ACQUISITIONS LLC**

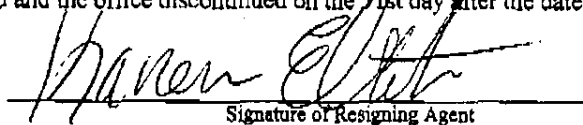
\_\_\_\_\_  
Name of Limited Liability Company

**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.

  
\_\_\_\_\_  
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

INHS17 (2/14)

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