L08000	03733/
(Requestor's Name) (Address)	200210822822
(Address) (City/State/Zip/Phone #)	08,/15,/1101035006 **135.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2011 AUG 15 AM (0) 9 SECKETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	C. LEWIS AUG 1 6 2011 EXAMINER



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:_

PBA Group, LLC Name of Limited Liability Company

DOCUMENT NUMBER: L08000037331

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:

Fatima M. Freitas Name of Person

PBA Group, LLC Name of Firm/Company

3399 NW 72nd Ave Suite #127 Address

> Miami, Florida, 33122 City/State and Zip Code

info@misshanger.com/fatima@misshanger.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana M. Freitas at (786) 247.1205 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

	Heidenreich Registered Agent	, hereby res	igns as	
Registered Agent for	PE	BA Group, LLC		
	Name of Limited Liability (Company	,	
L0800003733	······································			
Document Number, if kn	IOWN			
A copy of this resignation was m	ailed to the above listed I	limited liability company at	its last known address.	
The agency is terminated and the	Daulth	deub.		
If signing on behalf of an entity:	Signature of	Resigning Agent	2011 AUG 15 SECRETARY TALLAHASS	TIL
	Typed or Printee	i Name	<u> </u>	m D
	Capacity		IN LORIDA	<u> </u>

FILING FEES:

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\$ 85.00 \$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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