## V080000 40178

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SECRETARY OF STATE ALLAHASSEE. FLORIDA







## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of t	he limited liability company as	it appears on the records of the Florida Department
of State is: Po	CIF Management LLC	·
2. The Florida de L08000040	<b>Q</b>	ssigned to this limited liability company is:
3. The date this i	member/manager withdrew/res	igned or will withdraw/resign is:
4. I, William E.	Fitzgerald	, hereby withdraw/resign as a
(Prin	nt Name of Person Resigning)	
Managing M	Member	
	(Print Title)	
resignation in	writing	ne limited liability company has been notified of my
Signature of	Dissociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	SECR TALLA

\$30.00 (Optional)

Certified Copy:

## **COVER LETTER**

Division of Corporations				
SUBJECT: PCIF Management, LLC				
	(Name of Limited Liability Company)			
The enclosed member, resignation or dissoci	ation and fec(s) are submitted for filing.			
Please return all correspondence concerning	this matter to:			
Charlotte Bailey				
(Contact Person)				
Investors Development Services, Inc.				
(Firm/Company)				
5621 Strand Blvd, Suite 211C				
(Address)				
Naples, FL 34110				
(City/State and Zip Code)				
For further information concerning this matt	er, please call:			
Charlotte Bailey	239 770-2637			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Englosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)