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(Req	uestor's Name)	
, ,		
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ wait	MAIL
(Bus	iness Entity Na	me)
(Dec	:ument Number)	
300)	ument Number,	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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## **COVER LETTER**

Division of Corporations			
SUBJECT: PMI HO	of Limited Liability	Company)	-LC
The enclosed member, resignation or de	issociation and f	ee(s) are submitted for f	iling.
Please return all correspondence concer	rning this matter	to:	
Pedro M. Garci (Contact Person)	'Gı		
(Firm/Company)			• 1
888 Biscayne Blue	d Apt	4605	> <u></u> } ₹ ;>
Mia Mi Fl 33 (City/State and Zip Code)	132		
For further information concerning this	matter, please c	all:	
Adrian Acosta (Name of Contact Person)	at ( <u>3 0 5</u> (Area C	ode & Daytime Telephon	886 ext3
Enclosed please find a check made pay ☐ \$25 Filing Fee		la Department of State f ling Fee & Certified Co	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327	n

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## 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)

				•	
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				. ;	•
1. The name of the	limited liabi	lity company as it a	ppears on the recor	ds of the Florida Do	epartiment
	O1 . 🚓	x t = 1.	C	>	1
of State is:	PMT.	Holdings	Group	, LLC:	
		_	•	`~~`	
		ration number assign	ied to this limited l	iability company is:	•
L0800	0089	a <b>0</b> 8			
		<u> </u>	<b>_</b> '		,
3. The date this me	mber/manag	er withdrew/resigne	d or will withdraw	/resign is: <u>10/2</u>	4/18
1. Ahola	rdo I	Bautista	haeabu withdeau	dracian as a	
(Print N	iame of Person	Resigning)	_, nereby withdraw	arcsign as a	
Manage		·			
ن	(Print Title)				
of this limited lia	hility compa	ny and affirm the lir	nited liability comr	oany has been notifi	ed of my
resignation in wr	•	,		,,	<b>ca</b> ():,
frh o					
(\$ III	1				
			<del></del>		
Signature of Di	issociating M	1ember or Resigning	Manager		
Filing Fee:	\$25.00 (1	Required)			
Certified Copy:		Optional)			