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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ATKINSON, DINER, STONE, MANKUTA &

Account Number : 120090000100

Phone :

: (954)925-5501

Fax Number

: (954)920-2711

\*\*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 AMND/RESTATE/CORRECT OR M/MG RESIGN PGA MEXX, LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PGA MEXX, LLC (Name of Limited Liability of Company)	Company
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
L.M. PLOUCHA, ESQ.	
(Contact Person)	
ATKINSON, DINER, STONE, ET AL	— As 2
(Firm/Company)	
100 SE THIRD AVENUE, SUITE 1400	SECRETARY O
(Address)	SEL SEL
FORT LAUDERDALE, FL 33394	FS & II
(City/State and Zip Code)	TATE ORID
For further information concerning this matter, please ca	all:
L.M. PLOUCHA, ESQ. at ( 954	925-5501
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: \$55 Filing Fee &
1	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PGA MEXX, LLC							
2. This limited liability FLORIDA	ty company was organized und	er the laws of:		SECRETAR TALLAHASS	2011 HAR 23		
3. The Florida docum	ent/registration number of this 22	limited liability com	pany is:	Y OF STA	3 AM S		
4. I, CARMINE O	GIARDINI e of Person Resigning)	, hereby resign as a	MANAGE (Print T	RAMBI	22		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.							
Signature of Resigning Member, Managing Member or Manager							
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						