L10000037154

(Requestor's Name)			
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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C. LEWIS

JUN 2 1 2011

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
•	
SUBJECT: PMSJ LLC	
(Name of Limited L	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
WILLIAM H. MEEKS, JR.	,
(Contact Person)	
WILLIAM H. MEEKS, JR., P.A.	
(Firm/Company)	
1429 60TH AVE. W., SUITE 300	. •
(Address)	· · · · · · · · · · · · · · · · · · ·
BRADENTON, FL. 34207	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
WILLIAM MEEKS at (941) 755-2674
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for
\$25 Filing Fee	\$55 Filing Fee &
	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
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 of State is: PM	limited liability company as i SJ LLC	it appears on the records	of the Florida Department
2. This limited liab	lity company was organized	under the laws of:	
3. The Florida docu L10000037	ment/registration number of	this limited liability con	npany is:
_{4. I,} SURYABE	N J. PATEL	, hereby resign as a	Managing Member
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability compar	ny has been notified of my
Su	9. yer Partel		
Signature of Resignature	gning Member, Managing Mo	ember or Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		