

L10 000126617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

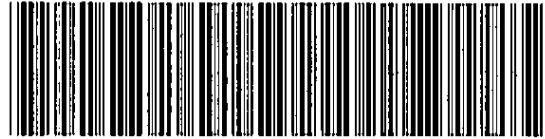
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/20/19--01018--003 **30.00

2019 JUN 20 PM 1:08

Resignation

JUL 03 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PK VIAL, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARTHA P SELAYA

(Contact Person)

JAS PROPERTIES MARKETING CORP

(Firm/Company)

601 E CHAMINADE DRIVE

(Address)

HOLLYWOOD, FL., 33021-5851

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA P SELAYA

at (954) 478-5140

(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:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2019 JUN 13 PM 1:06

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: P K VILLA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L 10000126617

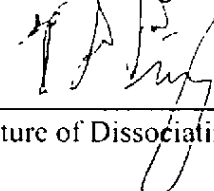
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/13/2019

4. I, VICENTE PUIG, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X 

Signature of Dissociating Member or Resigning Manager

Filing Fee: ☒ \$25.00 (Required)

Certified Copy: ☒ \$30.00 (Optional) ☒