L12000036735

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COVER LETTER

Division of Corporations		
PSC 100,LLC SUBJECT:		
(Name of Limite	d Liability Con	npany)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
KIMBERLY GILL		
(Contact Person)		-
(Firm/Company)	Lawrence and the second	-
9471 WEST MCNAB ROAD		
(Address)		-
TAMARAC, FLORIDA 33321		
(City/State and Zip Code)		_
For further information concerning this matter	, please call:	
KIMBERLY GILL	954 at (724-4858
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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 the of State is:	e limited liability company as	it appears on the records of	f the Florida Department
2. The Florida doc L1200003673	ument/registration number as 5	ssigned to this limited liabil	ity company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resigned	gn is:
4. I, KIMBERLY	GILL	, hereby withdraw/resi	
	Name of Person Resigning)	, nereby withdraw/resi	igii as a
MGR			
	(Print Title)		
of this limited lia resignation in w	ability company and affirm the	e limited liability company	has been notified of my
Kin	they Hill		
Signature of D	issociating Member or Resig	ning Manager	, promise
_	\$25.00 (Required) \$30.00 (Optional)	· · · · · · · · · · · · · · · · · · ·	FILED MI FIS 27 P