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SELECTION OF STATE
FALLAHASSEE FLORIBA

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

ATTORNEYS AT LAW

JOHN S. BOHATCH†
EDWARD P. GUTTENMACHER
KATALINA PEÑARANDA
ANDRES E. TEJIDOR*

PRACTICE LIMITED TO PROBATE, ESTATE PLANNING, BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT

LL.M. TAXATION

7301 SOUTHWEST 57TH COURT SUITE 560 SOUTH MIAM!, FLORIDA 33143

TELEPHONE (305) 666-1040 TELEFAX (305) 666-1020 E-MAIL LAW@GBPTaxLaw.com KEY WEST OFFICE

GULFVIEW POINTE 2647 GULFVIEW DRIVE KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521 TELEFAX (305) 292-4016

PLEASE REPLY TO:

July 18, 2013

Amendment Section Division of Corporations P.O Box 6327 Tallahassee, FL 32314

RE: PTE Systems, LLC & PTE Systems International, LLC

To Whom It May Concern:

Enclosed please find the Resignation of Registered Agent for the above referenced entities and check in the amount of \$170.00, (\$85.00 for each entity).

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

KATALINA PENARANDA, ESQ

KP/jt Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. PTE SYSTEMS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000061798

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN S. BOHATCH

Name of Person

GUTTENMACHER, BOHATCH & PENARANDA, P.A.

Name of Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN S. BOHATCH

,,305 \,666-104

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.4	116(2) or 608.509, Florid	la Statutes, the undersigne	ed,		
G, B & B-B REC	GISTRIES,	LLC	, hereby resigns as	s		
	Name of Registered A	•	,,,,,			
Registered Agent for P	TE SYSTE	MS, LLC		ing t Springer	20	_
_				22	بن انتا	1
	Name of	Limited Liability Company		1740	22	THE STATE OF THE S
L12000061798				ψe;		
Document Nur	mber, if known			- C	<u>ob</u>	'sargu'
A copy of this resignatio	n was mailed to th	he above listed limited lia	ability company at its last	known	address.	
The agency is terminated	d and the office di	Signature of Resigning	Agent	ı this sta	tement i	s filed.
If signing on behalf of ar	n entity:					
	JOHN S. B	BOHÁTCH Ž				
		Typed or Printed Name				
	MANAGER					
		Capacity	<u> </u>			

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314