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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PDQ PROPERTY MANAGEMENT, LLC

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L12000083078

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Regina Sluder

Contact Person

PDQ PROPERTY MANAGEMENT, LLC

Firm/Company

PO Box 721

Address

Yulee, Florida 32041

City, State and Zip Code

regina@pdqpm.comcastbiz.net

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

For further information concerning this matter, please call:

Regina Sluder

at ( 904 ) 753-3574

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee

☒ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

CHARLES FELIX

\_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

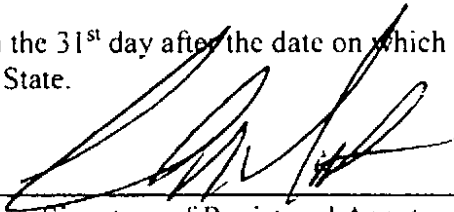
Registered Agent for PDQ PROPERTY MANAGEMENT, LLC

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

L12000083078

\_\_\_\_\_  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

PDQ PROERTY MANAGEMENT, LLC

\_\_\_\_\_  
Typed or Printed Name

MANAGER

\_\_\_\_\_  
Capacity

2022 MAR 21 PM 12: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Filing Fee: \$87.50**

**Certified Copy (optional): \$52.50**