

L120000098114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

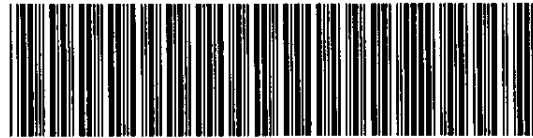
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400244204614

02/07/13--01014--001 \*\*85.00

FILED  
2013 FEB -7 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 08 2012  
D. BRUCE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PC AND ASSOCIATES OF SOUTH FLORIDA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000098114

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:

Pedro Pavon  
Name of Person

Name of Firm/Company

11610 SW 191 ST  
Address

MIAMI, FL 33157  
City/State and Zip Code

pedropavon@pavonlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro Pavon at ( 305 ) 482-1802  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
2018 FEB -7 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Pedro Pavon

Name of Registered Agent

, hereby resigns as

Registered Agent for PC AND ASSOCIATES OF SOUTH FLORIDA, LLC

Name of Limited Liability Company

L12000098114

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

### **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

INHS17 (08/05)

FILED  
2013 FEB - 7 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA