

10/16/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702) 866-2500

Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wendy.hefley@incorp.com

2020 OCT 16 AM 9:44
FILED

RECEIVED

2020 OCT 16 PM 12:05

LLC REGISTERED AGENT RESIGNATION PN CHOKOLOSKEE PARTNERS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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OCT 19 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PN CHOKOLOSKEE PARTNERS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000117960

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:

Wendy Hefley

Name of Person

Incorp Services, Inc.

Name of Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

processing@incorp.com

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

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley at (702) 866-2500 ext 6904

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Incorp Services, Inc.

Name of Registered Agent

hereby resigns as

Registered Agent for PN CHOKOLOSKEE PARTNERS, LLC

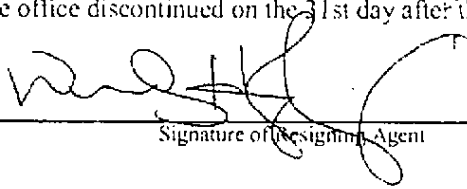
Name of Limited Liability Company

L12000117960

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:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILED
2020 OCT 16 AM 9:44
TALLAHASSEE, FL
STATE DEPT OF REVENUE

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