

L13000002055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

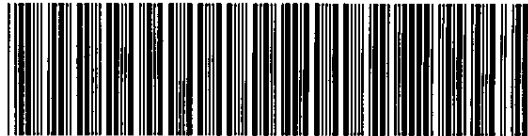
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700266647667

11/20/14--01029--020 **25.00

FILED
14 NOV 20 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PL ADVANCED SUPPLY LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000002055

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:

DIEGO SOTO

Name of Person

BUSINESS ACCOUNTING PROFESSIONALS CORP

Name of Firm/Company

17670 NW 78 AVENUE, SUITE 208

Address

HIALEAH, FL. 33015

City/State and Zip Code

BUSINESSACCTPROF@GMAIL.COM

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

For further information concerning this matter, please call:

DIEGO SOTO

at (786) 953-7449

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
14 NOV 20 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BUSINESS ACCOUNTING PROFESSIONALS CORP, hereby resigns as

Name of Registered Agent

Registered Agent for **PL ADVANCED SUPPLY LLC**

Name of Limited Liability Company

L13000002055

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:

DIEGO SOTO

Typed or Printed Name

CONTROLLER

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**

FILED
14 NOV 20 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA