413000005586

(Re	questor's Name)
•	,	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
<u></u> -		
(Bu	siness Entity Na	ame)
(Document Number)		
\		,
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		
	,	JUL 23 7013
		A. LUNT

Office Use Only



000249730420

07/22/13--01040--005 **170.00

2013 JUL 22 PM ID IN

SELVED ARE OF STATE
FALLAHASSEE, FI OR HAZ



COVER LETTER

Division of Corporations PTE SYSTEMS INTERNATIONAL, LLC Name of Limited Liability Company DOCUMENT NUMBER: L13000005586 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

Amendment Section

TO:

 $_{\rm at}$ (305)

666-1040

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ns of section 608.416(2) or 608.509, Florida Sta	tutes, the undersigned,
G, B & B-B RE	GISTRIES, LLC	, hereby resigns as
	Name of Registered Agent	
Registered Agent for P	TE SYSTEMS INTERNATION	AL, LLC
		fr d
	Name of Limited Liability Company	AHASS
L13000005586		
Document Number, if known		
A copy of this resignation	on was mailed to the above listed limited liability	y company at its last known address.
The agency is terminated	d and the office discontinued on the 37st day aft	
If signing on behalf of a	n entity:	
	JOHN S. BOHATCH	
	Typed or Printed Name	
	MANAGER	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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