

L13000015334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

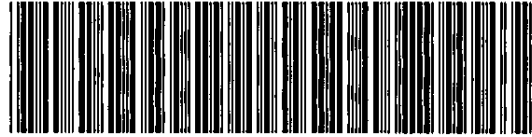
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280124036

01/04/16--01044--025 **110.00

FILED
2016 JAN - 4 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Neil JAN - 6 2016

Linda Roth, P.A.

ATTORNEY AT LAW

2333 Brickell Avenue Suite A-1
Miami, FL 33129

Telephone: (305) 774-7070

Facsimile: (305) 774-7060

email: lr@lindarothlaw.com

December 22, 2015

Florida Department of State
Division of Corporations
Registration Section
P O BOX 6327
Tallahassee, FL 32314

**RE: Keystone PR, LLC - Amendment to Articles of Organization and Statement
of Resignation of Registered Agent**

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization and Statement of Resignation of Registered Agent for a Limited Liability Company together with our firm's check in the sum of \$110.00 representing the filing fees as applicable. Upon filing of the enclosed, please forward the proof of filings and the certificate of status to the attention of the undersigned.

Should you have any questions regarding the enclosed or if we may be of further assistance to you at any time, please do not hesitate to contact me.

Cordially,

LINDA ROTH, P.A.



LINDA ROTH, ESQ.
For the Firm

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

JUSTIN NILES

, hereby resigns as

Name of Registered Agent

Registered Agent for **KEYSTONE PR, LLC**

Name of Limited Liability Company

L13000015334

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withdrawn limited liability company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

FILED
2016 JAN -4 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA