

# L13000107660

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PETER J BOWERS PA  
Account Number : I20130000066  
Phone : (561) 245-1503  
Fax Number : (561) 431-6119

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

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**LLC REGISTERED AGENT RESIGNATION  
POLARIS LEGAL GROUP PLLC**

Certificate of Status	0
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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**Peter J Bowers PA**

Name of Registered Agent

, hereby resigns as

Registered Agent for **Polaris Legal Group PLLC**

Name of Limited Liability Company

**L13000107660**

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:

**Peter J. Bowers**

Typed or Printed Name

**CEO**

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 \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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