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(Req	uestor's Name)	· · · · · · · · · · · · · · · · · · ·
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D. SCOTT DEC 1 9 2017

COVER LETTER .

	_	tration Section ion of Corporations			
SUBJE	CT:	PGA SCREENS LLC			
		(Name of Limite	d Liability Con	пралу)	
The end	closed	member, resignation or dissociat	ion and fee(s) are submitted for filing.	
Please r	return	all correspondence concerning th	is matter to:		
DAVID) K. J	URY			
		(Contact Person)		-	
PGA S	CRE	ENS LLC			
		(Firm/Company)		_	
P. O. E	BOX ·	1247			
***	_	(Address)		-	
LOXA	НАТС	CHEE FLORIDA 33470			
_	_	(City/State and Zip Code)		-	•
For furt	ther ir	nformation concerning this matter	, please call:		,
DAVID) K. J		561 at (907-1797	:
	(N	ame of Contact Person)	`	& Daytime Telephone Number)	
		ase find a check made payable to			
\$25	rinng	, ree	u 300 rumg	Fee & Certified Copy	
Registra	ation n of C	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
		ive Center Circle Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department SCREENS LLC
2. The Florida docu L1300011262	ment/registration number assigned to this limited liability company is:
4. I. LISA M. JUR	mber/manager withdrew/resigned or will withdraw/resign is Y hereby withdraw/resign as a
MGRM	The system of th
	Print Title)
resignation in wri	oility company and affirm the limited liability company has been notified of my ting. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)