

L13000122159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

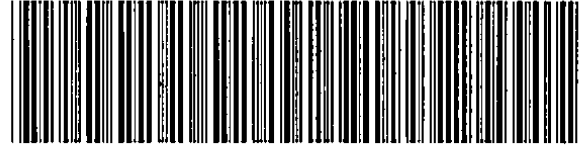
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330390768

06/13/19--01010--012 **85.00

FILED

19 JUN 13 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JUN 25 2019

T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PTCP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000122159

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:

Dennis Tornatore

Name of Person

PTCP LLC

Name of Firm/Company

3818 Edgewater Dr

Address

Orlando, FL 32804

City/State and Zip Code

d_tornatore@yahoo.com

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

For further information concerning this matter, please call:

Dennis Tornatore

at (407) 292-2248

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Amanda Strimpel, hereby resigns as
Name of Registered Agent

Registered Agent for PTCP LLC

Name of Limited Liability Company

L13000122159

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:

Amanda Strimpel

Typed or Printed Name

As Managing Member

Capacity

FILED
19 JUN 13 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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