

L13 000 19/5323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

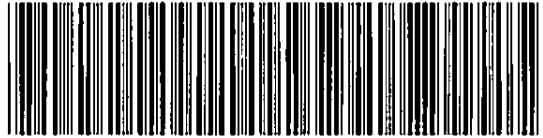
(Business Entity Name)

(Document Number)

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STATE
FL

R. HUNT

02/28/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PTM USA PROPERTIES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000145323

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:

Robert Williams

Name of Person

Cricket Properties, LLC

Name of Firm/Company

4798 SOUTH FLORIDA AVE 228

Address

Lakeland FL 33813

City/State and Zip Code

ptmprojects@gmail.com

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

For further information concerning this matter, please call:

Robert Williams

813

703-0063

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CRICKET PROPERTIES, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for PTM USA PROPERTIES, LLC

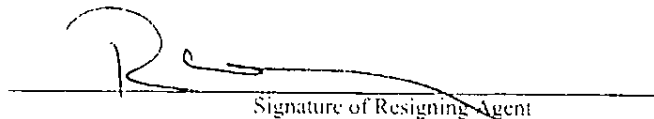
Name of Limited Liability Company

L13000145323

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:

Robert Williams

Typed or Printed Name

MGBM

Capacity

2006-10-28 PM 1:26
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

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