L14000121339

(Re	questor'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:					

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COVER LETTER

TO:	Registration Section Division of Corporations		SECURITY OF THE	15 APR	# 1 # # 1 #
SUBJ	PANAMBY LLC		1974 1984 1984	-6 TH	
	Name of Limited Liability	Company		<u>'</u>	
DOC	UMENT NUMBER: L14000121339		<u> </u>	90 :	
The e for fil	nclosed Resignation of Registered Agent for a Limited ing.	Liability Company and	fee are		itted
Please	e return all correspondence concerning this matter to the	ne following:			
ROG	ERIO GARDUZI				
	Name of Person	-			
PAN	AMBY LLC				
	Name of Firm/Company	-			
1007	SILKTREE LANE				
	Address	-			
WES	TON, FL 33327				
	City/State and Zip Code	-			
	-mail address: (to be used for future annual report notification)	-			
For fi	orther information concerning this matter, please call:				
ROG	ERIO GARDUZI 954	326-4669	-		
,	Name of Person Area Code	Daytime Telephone Nur	nber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

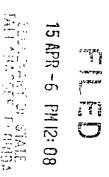
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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)

1. The name of the limited liability company as it a of State is: PANAMBY LLC	
2. The Florida document/registration number assig L14000121339	ned to this limited liability company is:
3. The date this member/manager withdrew/resigner	ed or will withdraw/resign is:
4. I, ELIZABETH GARDUZI (Print Name of Person Resigning)	
MGR	
(Print Title)	
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
Signature of Dissociating Member or Resignin	g Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	