

214000138317

(Requestor's Name)

(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PILOT FACTORY ENTERTAINMENT, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000138983

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 BORN

Name of Person

Name of Firm/Company

130 CARDINAL AVE.

Address

BOCA RATON, FL 33486

City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT BORN

Name of Person

at (

561

Area Code

239-0744

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ROBERT BORN

, hereby resigns as

Name of Registered Agent

Registered Agent for **PILOT FACTORY ENTERTAINMENT, LLC**

Name of Limited Liability Company

L14000138317

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.

X 

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

15 DEC 15 AM 9:58
RECEIVED
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withdrawn limited liability company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