

L14000147641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P & G INVESTMENT GROUP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000147641

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:

EDDY DINAC

Name of Person

P & G INVESTMENT GROUP LLC

Name of Firm/Company

13531 243RD STREET

Address

ROSEDALE NY 11422

City/State and Zip Code

annadinac@yahoo.com

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

For further information concerning this matter, please call:

EDDY DINAC

Name of Person

at (**1917**) **497 4632**
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

EDDY DINAC

, hereby resigns as

Name of Registered Agent

Registered Agent for **P & G INVESTMENT GROUP LLC**


Name of Limited Liability Company

L14000147641

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:

EDDY DINAC

Typed or Printed Name

Capacity

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withdrawn limited liability company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

2018 MAR 29 A 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED