

L14000176358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

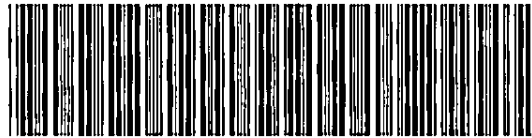
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 1 2020

2020 JUN -1 PM 6:35

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JUN 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCB I. LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000176358

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:

Frances C. Lowe

Name of Person

Frances Casey Lowe, P.A.

Name of Firm/Company

68-A Feli Way

Address

Crawfordville, Florida 32327

City/State and Zip Code

francie@francelowe.com

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

For further information concerning this matter, please call:

Michelle Maloni

at (850) 926-8245

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2020 JUL -1 PM 6:35

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

Frances C. Lowe _____, hereby resigns as
Name of Registered Agent

Registered Agent for PCB 1, LLC _____
Name of Limited Liability Company

L14000176358 _____
Document Number, if known

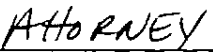
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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:

Frances C. Lowe _____
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