

LK5000004510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

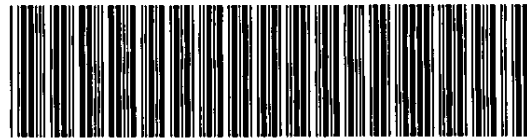
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S. YOUNG

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TALLAHASSEE, FLORIDA  
17 JAN 31 PM 3:57

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PBDP GROUP LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000004510

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:

JULIE TODOROV

Name of Person

Name of Firm/Company

3716 SW SUNSET TRACE CIR

Address

PALM CITY FL 34990

City/State and Zip Code

EMANUEL@PALMBEACHDESIGNERPOOLS.COM

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

For further information concerning this matter, please call:

JULIE TODOROV

at (772) 872-2499

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

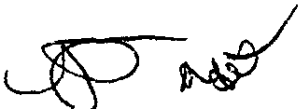
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**JULIE TODOROV**

, hereby resigns as

Name of Registered Agent

Registered Agent for **PBDP GROUP LLC**

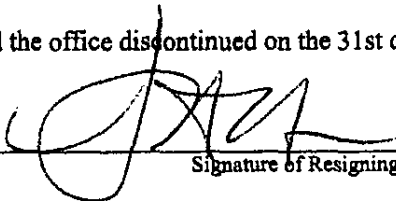
Name of Limited Liability Company

**L15000004510**

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 31 PM 3:57

## 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

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