

LS0000 39796

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pan American Plaza LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000039796

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:

**Frank Prell**

Name of Person

**Oxford Investments Ltd**

Name of Firm/Company

**3103 Fern Valley Rd Ste 108**

Address

**Louisville KY 40213**

City/State and Zip Code

**fprell40@hotmail.com**

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

For further information concerning this matter, please call:

**Frank Prell**

at ( **502** ) **551-4444**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Irina Prell, hereby resigns as  
Name of Registered Agent

Registered Agent for Pan American Plaza LLC

Name of Limited Liability Company

L15000039796

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:

Frank Prell

Typed or Printed Name

Owner

Capacity

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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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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