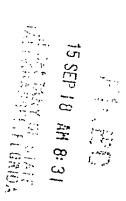
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(Re	equestor's Name)	, <del></del>
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		<u> </u>
Office Use Only		



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#### **COVER LETTER**

Division of Corporations PEGASUS BROKERS INTERNATIONAL, LLC Name of Limited Liability Company DOCUMENT NUMBER: L15000041343 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: Barbara Lopez Orcoven Name of Person PEGASUS BROKERS INTERNATIONAL, LLC Name of Firm/Company 3300 NE 191 St Apt. 710 Address Aventura, FI 33180 City/State and Zip Code Lunaverd@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Lopez Orcoyen Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

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

Pursuant to the provisions of section 605.0115, Florida Stat	utes, the undersigned,	
Josefa Sanchez	, hereby resigns as	
Name of Registered Agent	, notes y rought as	
Registered Agent for PEGASUS BROKERS INTERI	NATIONAL , LLC	
Name of Limited Liability Co	mpany	
L15000041343		
Document Number, if known		
A copy of this resignation was mailed to the above listed lin	nited 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 Re	esigning Agent	
If signing on behalf of an entity:	e en angli	
KEGISTERED R Capacity	KENT	
Capacity		

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314