

L15000044375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

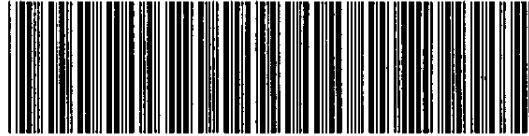
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400275495634

07/31/15--01026--007 **85.00

FILED
15 JUL 31 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pixel Pro LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000044375

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:

Amelia Jewett
Name of Person

Pixel Pro LLC
Name of Firm/Company

2677 NW 10th St. Unit 3A
Address

Orlando FL 32835
City/State and Zip Code

Contact PixelPro@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amelia Jewett at (352) 509 3166
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

\$30.00



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PixelPro LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000044375

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-23-15

4. I, David Letellier, hereby withdraw/resign as a
(Print Name of Person Resigning)

~~registered agent~~ and authorized person
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

* 
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)