

LP5000 116543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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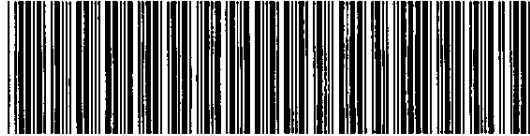
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pearse Productions, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000116545

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:

Cynthia Andree

Name of Person

Name of Firm/Company

13046 Race Track Road #280

Address

Tampa, FL 33626

City/State and Zip Code

info@krmresources.com

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

For further information concerning this matter, please call:

Cynthia Andree

at (813) 452-6577

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Cynthia Andree _____, hereby resigns as

Name of Registered Agent

Registered Agent for Pearse Productions, LLC

Name of Limited Liability Company

L15000116545

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.

Cynthia Andree

Signature of Resigning Agent

If signing on behalf of an entity:

N/A

Typed or Printed Name

Capacity

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16 FEB 16 PM 5:07
STATE OF FLORIDA
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