

L15000 145 947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

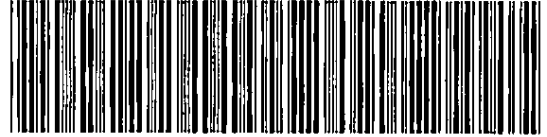
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PL6, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000145947

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 Stagmiller
Name of Person

PL6, LLC
Name of Firm/Company

1645 Palm Beach Lakes Blvd, 1010
Address

West Palm Beach, FL 33401
City/State and Zip Code

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

For further information concerning this matter, please call:

Julie Stagmiller
Name of Person at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Sivyer Barlow & Watson, P.A. _____, hereby resigns as
Name of Registered Agent

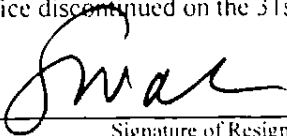
Registered Agent for PL6, LLC

Name of Limited Liability Company

L15000145947
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:

Stephen E. Walker
Typed or Printed Name
Partner
Capacity

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TALLAHASSEE, FLORIDA
SEC. OF STATE

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