

L16 0000 56349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

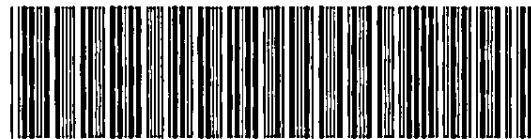
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600370035596

07/20/21--01018--001 \*\*25.00

08/05/2021  
JH

FILED  
2021 JUL 20 AM 12:04  
STOCKPORT, IN  
COUNTY OF ELKHART

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PF SYNDICATION I L.L.C.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Edward Milgrim

(Contact Person)

Milgrim Law Group

(Firm/Company)

3216 Corrine Drive

(Address)

Orlando, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Milgrim

at ( 407 ) 790-4966

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED  
2021 JUL 20 AM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: PF SYNDICATION I L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
L16000056349

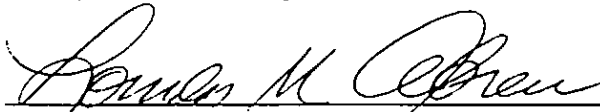
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2020

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

Member

(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)