

L16 000 127 037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

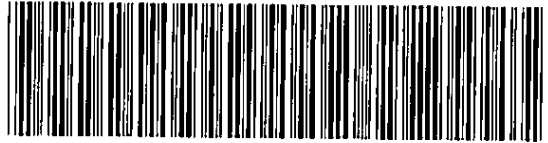
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JAN -8 PM 12:38

U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
SAN FRANCISCO, CALIF.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEACHTREE FL LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000127037

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:

David Luther Woodward

Name of Person

THE LAW OFFICES OF DAVID LUTHER WOODWARD P.A.

Name of Firm/Company

1415 Lemhurst Road/Post Office Box 4475

Address

Pensacola, Florida 32507-3538

City/State and Zip Code

WoodLaw@BellSouth.net

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

For further information concerning this matter, please call:

David Luther Woodward

850 456-4010
at ()
Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2024 JAN - 8 PM 12:38
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

DAVID LUTHER WOODWARD

_____, hereby resigns as
Name of Registered Agent

Registered Agent for PRACHTREE FL LLC

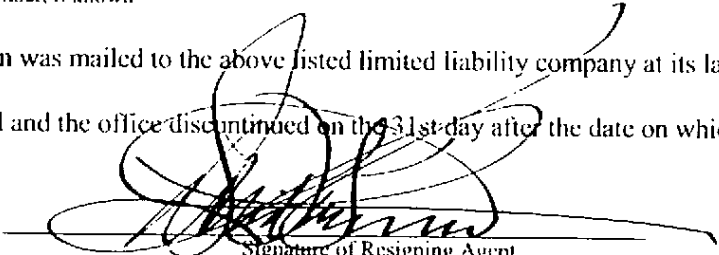
Name of Limited Liability Company

L16000127037

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:

Typed or Printed Name

Capacity

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

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