118000221691

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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MAR 1 1 2019 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	PGS Ventures, LLC Name of Limited Liability	Company
DOC	UMENT NUMBER: L18000221691	
The e	nclosed Resignation of Registered Agent for a Limiteding.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to the	e following:
Debo	orah Stackhouse	
	Name of Person	
	Name of Firm/Company	
138	N Swinton Ave. Ste. A	
	Address	
Delra	ay Beach, FL 33444	
	City/State and Zip Code	
dsmi	th@portencompanies.com	
- F	-mail address: (to be used for future annual report notification)	
For fu	orther information concerning this matter, please call:	
Debo	orah Stackhouse 561	523-5859
	Name of Person Area Code	Daytime Telephone Number
Enclo	sed is a check made payable to the Florida Departmen	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	s of section 605.0115	5, Florida Statutes, the undersigned,			
Lennie F. Smith	esigns as				
1	Name of Registered Agen				
Registered Agent for PG	SS Ventures, LLC	<u> </u>			
	ht Olive	2.11:102.0		·	
	Name of Lim	ited Liability Company			
L18000221691					
Document Nun	nber, if known				
A copy of this resignation	n was mailed to the a	bove listed limited liability company	at its last known add	ress.	
The agency is terminated	and the office discon	Assignature of Resigning Agent	on which this stateme	ent is fil	led.
If signing on behalf of an	entity:				
	1)	yped or Printed Name	- 148	19	
		Capacity	AHASSE	FEB 28	FILE
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volunt withdrawn limited liability compa	tarily dissolved	PH 5: 27	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314