

Florida Department of State
Division of Corporations
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L1800231948

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : STEINBERG GARELLEK P.L.
Account Number : 120110000015
Phone : (561) 717-3020
Fax Number : (561) 391-3326

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SZG@STEINGARLAW.COM

2020 MAY 20 AM 9:42

REGISTERED AGENT RESIGNATION PJB FLORIDA LLC

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MONS
MAY 21 2020

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SG REGISTERED AGENT LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for PJB FLORIDA LLC


Name of Limited Liability Company

L18000251948

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:

STEVEN GARELLEK

Typed or Printed Name

MANAGER

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)