## L19000 029 725

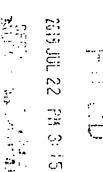
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
, p			
SUBJECT: Palm Beach Discount Golf Sup	ply LLC		
Name of Lir	nited Liability	Company	
DOCUMENT NUMBER: L19000029725			
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning th	is matter to th	e following:	
United States Corporation Agents, Inc.			
Name of Person	· · · · · · · · · · · · · · · · · · ·		
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			
Address			
Austin, TX 78717			
City/State and Zip Code			
E-mail address: (to be used for future annual report For further information concerning this matter,			
Janna Pantoja	1 800	√773-0888 x3950	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administratiliability company.	a Department vely dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the	undersigned.
United States Corporation Agents, Inc.		, hereby resigns as
<del></del>	Name of Registered Agent	(
Registered Agent for P	alm Beach Discount Golf Supply LLC	
	Name of Limited Liability Company	·
L19000029725		
Document No	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liab	ility company at its last known aderess.
The agency is terminate	ed and the office discontinued on the 31st day Signature of Resigning A	after the date on which this statement is filed.
It signing on behalf of a	an entity:	, , ,
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	on Agents, Inc.
	Capacity	<del></del> :

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