

L19 000075567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

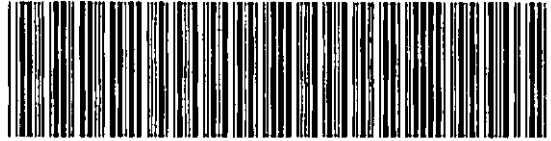
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2022 APR -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/9/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCB Memories, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000075567

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:

Lori D Breeden
Name of Person

PCB Memories, LLC
Name of Firm/Company

7320 South Lagoon Drive
Address

Panama City Beach, FL 32408
City/State and Zip Code

coastal bargainspcb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Breeden at (850) 630-5461
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 APR -6 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FL

March 16, 2022

LORI BREEDEN
7320 SOUTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408

SUBJECT: PCB MEMORIES, LLC
Ref. Number: L19000075567

We have received your document for PCB MEMORIES, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 222A00006248

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

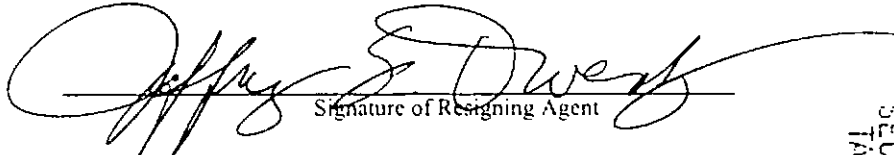
Jeffrey S. Owenby hereby resigns as
Name of Registered Agent

Registered Agent for PCB Memories, LLC
Name of Limited Liability Company

L19000075567
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

FILED
2022 APR -6 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

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