To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH,

Account Number : 076077001702

Phone : (407)841-1200

Fax Number

: (407)423-1831

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

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LLC REGISTERED AGENT RESIGNATION PBNMKT, LLC

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M. SULOWOR

Page: 2 of 2

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the u	indersigned,
DEAN MEAD SERVI	CES, LLC	, hereby regigns as
<u> </u>	Name of Registered Agent	 /
Registered Agent for	PBNMKT, LLC	
	Name of Limited Liability Company	
	Name of Limited Liability Company	
L19000240659		
Document	Number, if known	
	ation was mailed to the above listed limited liab ated and the office discontinued on the 31st day Signature of Resigning Ag	after the date on which this statement is filed.
If signing on behalf o	of an entity: Matthew J. Ahearn	10. 23. July 25. July
	Typed or Printed Name	-6
	Vice President of Sole Member	
	Capacity	2.50

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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)