

L19 000301041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

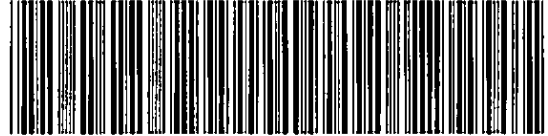
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300378886893

01/11/22--01/03--001 **75.10

2022 JAN -5 AM 10:10
01/11/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Pegasus Management Resources**

(Name of Limited Liability Company)

The enclosed member, resignation or disassociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Bruce Widzowski

(Contact Person)

Pegasus Management Resources

(Firm Company)

1085 Shiloah drive

(Address)

Melbourne, Florida, 32940

(City, State and Zip Code)

For further information concerning this matter, please call:

Bruce Widzowski

321

223-8534

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

