

L20000127499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 DEC 20 PM 1:14
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PB DELRAY, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH COAKLEY

Name of Person

PB DELRAY, LLC

Firm/Company

1134 E ATLANTIC AVENUE

Address

DELRAY BEACH, FL ~~33445~~ 33483

City/State and Zip Code

joesfrontrow@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH COAKLEY

at (828) 387-1666

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2022 DEC 20 PM 1:14

DEPARTMENT OF STATE
TALLAHASSEE, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PB DELRAY, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000127499

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2022

4. I, DARRELL LAINE CASORIA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER / OWNER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)