## L200001714dd

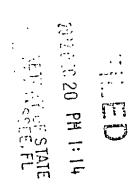
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



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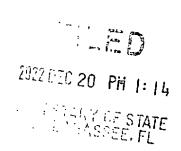


## **COVER LETTER**

Division of 0	Section Corporations			
SUBJECT: PB DEI	LRAY, LLC			
	Name of Foreig	n Limited Liab	oility Con	npany
Dear Sir or Madam:				
The enclosed applic	ation, certificate and fee(s)	are submitted	for filing	
Please return all cor	respondence concerning th	is matter to the	followin	g:
JOSEPH COAKLEY				
	Name of Person		_	
PB DELRAY, LLC				
	Firm/Company		_	
1134 E ATLANTIC A	VENUE			
	Address		_	
DELRAY BEACH, FI	.3 <del>3495</del> 33483			
	City/State and Zip Cod	e	_	
joesfrontrow@aol.com	i.			
E-mail address: (	o be used for future annua	l report notifica	tion)	
For further informat	ion concerning this matter	, please call:		
JOSEPH COAKLEY		828 at (	387-16	66
Nan	ne of Person	Area Code	& Dayti	ime Telephone Number
Mailing Address:			Street Ac	
Registration		Registration Section		
Division of Corporations			Division of Corporations	
P.O. Box 6327				ntre of Tallahassee
Tallahassee	FL 32314			. Monroe Street, Suite 810 ssee, FL 32303
Enclosed is	a check for the following	; amount:		
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Certified (		☐ \$60 Filing Fee,  Certificate of Status &  Certified Copy
OD 00044 (01)				







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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department LRAY, LLC
2. The Florida docu L20000127499	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
MANAGER / OW	
	(Print Title)
of this limited lial resignation in wri	polity company and affirm the limited liability company has been notified of my sting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)