# L20000208457

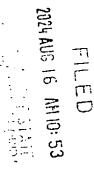
(Requestor's Name)		
(Address)		
(Äddress)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
Special Instructions to Filing Officer.		
<i>S</i>		

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Plastic Solutions Adviso	ors LLC
Name of Limited Liab	ollity Company
DOCUMENT NUMBER: L20000208457	
The enclosed Resignation of Registered Agent for a Lin for filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
9900 Spectrum Dr.	
Address	<del>_</del>
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please ca	ill:
at (	773-0888
Name of Person Area C	ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the under	signed.
United States Corp	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	Thereby resigns as
Registered Agent for	Plastic Solutions Advisors LLC	
	Name of Limited Liability Company	* 10.
L20000208457		\$ 55 S
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability of	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Crik Treutlein	
	Signature of Resigning Agent	<del></del>
If signing on behalf of a	nn entity:	
	Erik Treutlein	
	Typed or Printed Name	<del></del>
	Vice President on behalf of United States Corporation Ag	ents, Inc.
	Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admir 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