L20000208722

(Re	equestor's Name)	
(Ád	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/Ŝtate/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
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THE SECTION OF STATE

COVER LETTER

Name of Limited Liability	Company
DOCUMENT NUMBER: L20000208722	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Bryan Baruch	
Name of Person	
Universal Registered Agents, Inc.	
Name of Firm/Company	
12900 Metcalf Ave., Suite 140	
Address	
Overland Park, KS 66213	
City/State and Zip Code	
bbaruch@uragents.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bryan Baruch 913	349-1491
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

2024 DEC 30 PM 3: 2

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Universal Registered Agents, Inc. Name of Registered Agent			hereby resigns as	
Registered Agent for	PEN GRAND REAL	TY LLC		
		~		
	Name of Lir	nited Liability Company		
L20000208722				
Document	Number, if known			
A copy of this resigna	tion was mailed to the	above listed limited liabili	ty company at its last known address.	
The agency is termina	ited and the office disco	ontinued on the 31st day at	fter the date on which this statement is filed	
		,		
	Bryan Ba	Signature of Resigning Ager		
	V	Signature of Resigning Ager	ıt	
If signing on behalf o	f an entity:			
	Bryan Baruch			
	 -	Typed or Printed Name		
	Secretary			
	<u></u>	Capacity		
		Capacity		
	FILING	, ,		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314