

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/D:	ısiness Entity Nan	200
·	ocument Number)	•
(LX	zument Number)	
Certified Copies	_ Certificates	s of Status
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Office Use Only



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(1) -1 1" 8:27



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605,0115	, Florida Statutes, the undersign	ral,	
Andrew	De Caro Name of Registered Agen	, he	reby resigns as	
	•			
Registered Agent for	CERS, PECRO	emarcé LLC		
	Name of Limi	led Liability Company		
120000	262534			
Document Nu	inber, if known			
A copy of this resignation	on was mailed to the a	nove listed limited liability com	pany at its last known address.	
The agency is terminated	d and the office discor	tinued on the 31st day after the	date on which this statement is:	filed.
		Signature of Resigning Agent		
If signing on behalf of a	n entity:			
	1,	ped or Printed Name		
		Capacity		:-
	FILING 5 85.00	FEES: Active limited liability comp	ıny	;; ;; ;;
	\$ 25.00	Administratively dissolved v	oluntarily dissolved!	
		withdrawn limited liability c	ompany	رد.
	الأستان والسوطيات الراوو	a en Ulimida Dimontenare el Cesa		.70
	viare cocces bayan	e to Florida Department of Stat Division of Corporations	(apu msn (0;	
		P.O. Box 6327		
		Tallahassee, FL 32314		

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