L21000045102

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| (City.) | State/Zip/Phone | - |
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| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
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| SUBJECT: PV DEVOIDPUME: 1+, LLC Name of Limited Liability Company |
| DOCUMENT NUMBER: <u>L21000045102</u> |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Person |
| PV Development, LLC Name of Firm/Company |
| D. O. Box 11446 Address |
| Naples, F/ 34/0/ City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| -VATIMANAEL PEGILENS at (239) 280-9755 Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: 'Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | s of section 605.01 | 15, Florida Statutes, the unde | rsigned, | |
|--|--|--------------------------------|--|---------------------|
| NATHANAE | $ \begin{array}{c} C & P \in \mathcal{C} \mathcal{U} \\ \text{Name of Registered Ag} \end{array} $ | ENO. | , hereby resigns as | |
| Registered Agent for | PV De | velopment | LLC | |
| | Name of Li | mited Liability Company | | . |
| 210004 Document Nur A copy of this resignation | nber, if known | above listed limited liability | company at its last know | wn address. |
| The agency is terminated | and the office disc | ontinued on the 31st day afte | er the date on which this | statement is filed. |
| | Jof Kara | Signature of Resigning Agent | · | 2000 |
| If signing on behalf of an | entity: | | | |
| | | Typed or Printed Name | · | 70 |
| | | Capacity | | 2: 10 |
| | FILING \$ 85.00 \$ 25.00 | | ompany ed/ voluntarily dissolved ity company | d/ |

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