L21000 146555

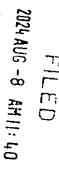
(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		J. HORNE AUG 16 2024
		MIC 10





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COVER LETTER

Division of Corporations	
PIC CLUB LLC SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: L21000146555	y Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
FERNANDA FIGUEIREDO	
Name of Person	_
DOMUS GLOBAL TAX ADVISORS LLC	
Name of Firm/Company	_
15815 SHADDOCK DR STE 120	
Address	
WINTER GARDEN, FLORIDA 34787	
City/State and Zip Code	-
FERNANDA@DOMUSGLOBALTAX.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
FERNANDA FIGUEIREDO 407 at (334 7001
Name of Person Area Cod	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 pro-	visions of section 605.0115, Florida Statutes,	the undersigned,
PIC CLUB LLC		, hereby resigns as
	Name of Registered Agent	, notedy resigns as
Registered Agent fo	DOMINGUES SERVICES LLC	
	***************************************	The state of the s
	Name of Limited Liability Compan	y 250 F
L21000146555		
Docume	ent Number, if known	
	mation was mailed to the above listed limited inated and the office discontinued on the 31st	l liability company at its last known address. t day after the date on which this statement is filed.
	Signature of Resignin	ng Agent
If signing on behalf	f of an entity:	
	FERNANDA FIGUEIREDO	
	Typed or Printed Name	
	OWNER	
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 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

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