122000013114

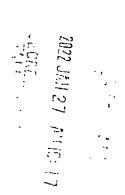
| | <u> </u> | |
|---|--------------------|-----------|
| (Re | equestor's Name) | |
| (Ac | ldress) | |
| (Ac | ldress) | |
| - | - 10 F: (D) | |
| (Cr | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nam | e) |
| (50 | ionios Entry Ham | <i>c,</i> |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|---|
| PC Collection LLC SUBJECT: | |
| (Name of Limit | ed Liability Company) |
| The enclosed member, resignation or dissociate | tion and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | nis matter to: |
| John Davies | |
| (Contact Person) | |
| PC Collection LLC | |
| (Firm/Company) | |
| 1030 NW 25TH AVE | |
| (Address) | |
| FORT LAUDERDALE, FL 33311 UN | |
| (City/State and Zip Code) | |
| For further information concerning this matter | r, please call: |
| John Davies | 407 5208942 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to | |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section Division of Corporations |
| Division of Corporations P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 819 |
| • | Tallahassee, FL 32303 |

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| PC : | Collection I.I.C | it appears on the records of the Florida Department |
|--------------------|---------------------------------------|---|
| of State is: | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| 2. The Florida do | cument/registration number as: | signed to this limited liability company is: |
| L22000013114 | _ | |
| 3. The date this n | nember/manager withdrew/resi | gned or will withdraw/resign is: |
| John Davies | | , hereby withdraw/resign as a |
| (Print | Name of Person Resigning) | - · · · · · · · · · · · · · · · · · · · |
| MGR | | |
| | (Print Title) | |
| | | e limited liability company has been notified of my |
| resignation in w | vriting. | |
| (a) | | |
| Signature of I | dissociating Member or Resign | ning Manager |
| | | 200 - |
| Filing Fee: | \$25.00 (Required) | |
| Certified Conv | \$30.00 (Ontional) | |