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(F	Requestor's Name)					
(<i>F</i>	Address)					
(Address)						
(0	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(E	Business Entity Name)					
(Document Number)						
Certified Copies Certificates of Status						
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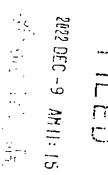
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A. RIVERS FEB 2 8 2023



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PB Ledger LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Gabrielle M Fox (Contact Person)
PB Ledger (Firm/Company)
3330 Fairchild Gardens Ave #33663 (Address)
Palm Beach Gardens, FL 33410 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (501) 234-9995 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee} \sum \\$55 \text{ Filing Fee & Certified Copy}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

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)

	" , T ()			.*	•	
1. The name of t	he limited liability comp	any as it appea	urs on the rec	ords of the	Florida De	partment
of State is:		dger			. , ,	•
2. The Florida do	cument/registration nun			l liability co	mnaný is:	
1	20003531			- into the job	, , , , , , , , , , , , , , , , , , ,	
•	nember/manager withdre		will withden	u/racion ic	11/14	1/25
4. I. ROV	4-10	, he		•	<i>" / "</i>	192
(Hrint	Name of Person Resigning)		iena mininis	iw/resign as	a TAI	
MA	NAGER MEM P	3ER			是是	3
6641 - 11 - 14 - 1 11				3.4	10.3	9
resignation in w	ability company and affi riting.	rm the limited	liability cor	npany has l	een notifi	ed of my
Da	1					a 1)55
Signature of D	issociating Member or I	Pesionina Mai				
	asopiating Memori of 1	cesigning ivial	lager			
Filing Fee:	\$25.00 (Required)					15.35
Certified Copy:	\$30.00 (Optional)					
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