

MO3000000505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

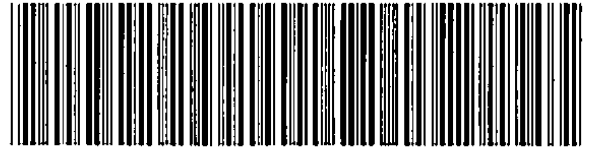
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pocket Cards Networks, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M 03000000505

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:

Dan Armstrong  
Name of Person

Law Offices of Dan W Armstrong  
Name of Firm/Company

PO Box 1535  
Address

Porte Vedra Beach FL 32004  
City/State and Zip Code

DW ARMSTRONG@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Armstrong at (904) 280 0058  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

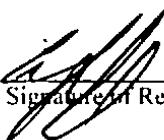
Ken Schaffer, hereby resigns as  
Name of Registered Agent

Registered Agent for Pocket Cards Networks, LLC  
Name of Limited Liability Company

M03000000505  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Ken Schaffer  
Typed or Printed Name  
Member  
Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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