## M13000000591

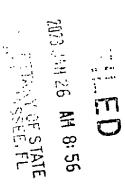
| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



000400907550

01/28/23--01017--010 \*\*25.00





## Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622 regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

1/20/2023 **FLORIDA** 

REP UNIT:

PPH MANAGEMENT COMPANY,

L.L.C.

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 32985 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

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

| Pursuant to the provision  | s of section 605,0115, Florida Statutes, the undersigned,  |    |
|----------------------------|--|----|
| Capitol                    | Corporate Services, Inc, hereby resigns as   |    |
| *                          | Name of Registered Agent   |    |
| Registered Agent for       | PPH MANAGEMENT COMPANY, L.L.C.   |    |
|                            | Name of the Limited Liability Company  |    |
|                            | 0000591<br>nber, if known  |    |
| A copy of this resignatio  | n 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 file   | d. |
| If signing on behalf of ar | entity:  |    |
|                            | Yvette Cleveland Typed or Printed Name   |    |
|                            | Typed or Printed Name  Assistant Secretary  Capacity   |    |
|                            | Capacity Capacity  | 1  |
|                            | FILING FEES: \$85.00 / Active limited liability company \$25.00 / Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |    |