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Division of Corporations

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From:

Account Name : VCORP SERVICES, Account Number : I20080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT RESIGNATION PF HOLDINGS MANAGEMENT LLC

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Y SULKER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Sta	tutes, the undersigned,	
Vcorp Services, LLC		_ , hereby resigns as	
Name of Registered Agent			
Registered Agent for PF Holdings	√anageme <u>nt</u>	LLC	
Registered Agent 101	•		•
Name of Limit	ed Liability Company		
M15000008710			
Domiment Number, if known			
A copy of this resignation was mailed to the al	and listed limited lishili	ty company at its last known ac	ldress.
-			
The agency is terminated and the office discon	thued on the 31st day at	fter the date on which this state	ment is filed.
APC	Signature of Resigning Agen		
/	Olbierte At		
If signing on behalf of an entity:			
Anthony Pa			
•	ped or Printed Name		36
Assistant Secr		 :	. H
	Capacity _	·•	MAR \$4
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FILING	FEES:		ا ق
\$ 85.00 \$ 25.00	A stire limited liability	olved/ voluntarily dissolved/	6.4

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