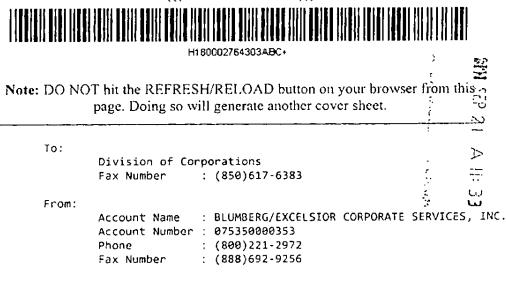


Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000276430 3)))



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

Email Address:_

LLC REGISTERED AGENT RESIGNATION PIERS ACQUISITIONS, LLC

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Help

COVER LETTER

SUBJECT: Name of Limited Liability Company			
DOCUMENT NUMBER: M17000008116	 		
The enclosed Resignation of Registered Agent for a Limited Liability Compa for filing.	ny and fe	e are sub	mitted
Please return all correspondence concerning this matter to the following:	£ 5	# %P	
TRACEE COTTON	È	£ 2	
Name of Person	:		
BLUMBERGEXCELSIOR CORPORATE SERVICES,	; c	> ∷	; ;
Name of Firm/Company	. હાલકુ	 W	
16 COURT ST 14TH FLOOR	· • •	لخا	
Address			
BROOKLYN, NY 11241			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TRACEE COTTON 800 221-2972 X159	50		
Name of Person Area Code Daytime Telepho	ne Numbe	r	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 u	undersigned,		
BLUMBERGEXCELSIOR CORPORATE SERVICES, IN	IC., hereby resigns as		
Name of Registered Agent	, nertely resigns as		
Registered Agent for PIERS ACQUISITIONS, LLC			
		. Fr 7	
Name of Limited Liability Company	ţ; ['	Territory to a seri- decardo	
M17000008116		983 :	
Document Number, if known	<u>)_</u>	21	
A copy of this resignation was mailed to the above listed limited liabil	ility company at its last	knowir address.	
The agency is terminated and the office discontinued on the 31st day a	after the date on which	this stätement is ti	led.
Blinettonon Signature of Resigning Age	ent		
If signing on behalf of an entity:			
ZEINA HASSOUN			
Typed or Printed Name			
ASSISTANT SECRETARY			
Capacity			

FILING FEES:

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

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