M21000001795

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

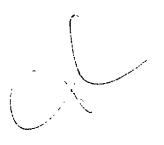
Office Use Only



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2022 SEP -6 AH 11:46



COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Li	imited Liability Co	ompany)
The en	iclosed member, resignation or disso	ciation and fee((s) are submitted for filing.
Please	return all correspondence concernin	g this matter to	:
Rachel	Hobbs		
	(Contact Person)		- 2
PFG Le	ending LLC		2022 SEP
	(Firm/Company)		
750 Un	tiversity Ave, Suite 140		
	(Address)		- - - - -
Los Ga	tos, CA 95032		φ - ‡
	(City/State and Zip Code)		
For fu	rther information concerning this ma	itter, please call	:
Rachel	Hobbs	408 at (207 5750
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find <u>a c</u> heck made payable 5 Filing Fee		Department of State for: ng Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 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)

	he limited liability company as it appears on the	
2. The Florida do M21000001795	ocument/registration number assigned to this limi	ited liability company is:
4. I, Mark Schmidt (Print President and Co of this limited li resignation in w	, hereby with Name of Person Resigning) (OO (Print Title) iability company and affirm the limited liability	kdraw/resign as a
_	Dissociating Member or Resigning Manager \$25.00 (Required)	- 7077 SEP

Certified Copy:

\$30.00 (Optional)