

P15000048995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

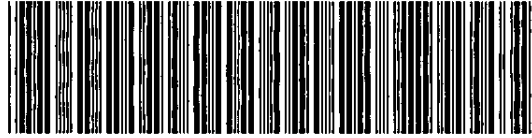
(Business Entity Name)

(Document Number)

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*Resignation
of RA*

01/25/16--01022--019 **122.50

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16 JAN 25 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P.T.G. International Inc.
(Name of Corporation)

DOCUMENT NUMBER: P15000048995

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenno Pilar de Mattos
(Name of Person)

PTG Int. Inc.
(Name of Firm/Company)

3250 NE. 1st. ave
(Address)

Miami Fl. 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

Breno Pilar de Mattos at **(305) 900 9420**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

16 JAN 25 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509
Florida Statutes, the undersigned, Lindsay Hodge
(Name of Registered Agent)

hereby resigns as Registered Agent for PTG International Inc.
(Name of Corporation)

P15000048995
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:
\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

JAN 20/16