# Peoce 65535

(Re	questor's Name)	-
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
,		·
(Doc	cument Number)	
`	·	
Certified Copies	Certificates	of Status
	<del></del> -	
Special Instructions to f	Filing Officer:	

Office Use Only



400434518774

09/17/24--01017--002 \*\*52.50

08/09/24--01021--019 \*\*35.00



#### **COVER LETTER**

TO: Amendment Section Division of Corporations
PGC JEWELRY, CORP. SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: P20000065535
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:
GUSTAVO A PINES
(Name of Person)
(N <sub>1</sub> , CE' /G
(Name of Firm/Company)
3301 PONCE DE LEON BLVD., PH-SUITE
(Address)
CORAL GABLES, FL 33134
(City/State and Zip Code)
For further information concerning this matter, please call:
GUSTAVO A PINES 305 446-7493 at ( )
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	GUSTAVO A PINES, ESQ
_	(Name of Registered Agent)
hereby resigns as Registered Agent	FOR PGC JEWELRY, CORP
nereby resigns as registered regent	(Name of Corporation)
P20000065535	
(Document Number, if known)	<del></del>
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	W. P.
	(Typed or Printed Name)
<del>.</del>	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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