P92000003267

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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She fisigned

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COVER LETTER

SOBJECT: P, T. E. I ruc (Name of Corporation) DOCUMENT NUMBER: P9200003267 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: JAmes Broderick (Name of Person) 12810 U5#19 North (Name of Firm/Company)
DOCUMENT NUMBER: P9200003267 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: [Name of Person]
Please return all correspondence concerning this matter to the following: The Broderick (Name of Person)
JAmes Broderick (Name of Person)
12810 U5#19 North (Name of Firm/Company)
Clearwater Fla 33764 (Address)
FLOVIDA 33764 (City/State and Zip Code)
For further information concerning this matter, please call:
Dominic E. Am Adio at (727) 327-1945 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Post Office Box 6327 Tallahassee, FL 32314

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dominic E. Amadio (Name of Registered Agent)
hereby resigns as Registered Agent for P. T. E. INC. (Name of Corporation)
P9200003269 (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:
Dominia E. Amadio (Typed or Printed Nanic)
Attown At Law (Capacity) Attown At Law (Capacity)
NA C

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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