| (Requestor's Name)                      |                     |  |
|---|---------------------|--|
| (Address)                               | 80013244            |  |
| (Address)                               |                     |  |
| (City/State/Zip/Phone #)                | 08/18/0801044       |  |
| PICK-UP WAIT MAIL                       | E                   |  |
| (Business Entity Name)                  |                     |  |
| (Document Number)                       |                     |  |
| Certified Copies Certificates of Status | ÄFF                 |  |
| Special Instructions to Filing Officer: | HASSER              |  |
|   | ALLAHASSEE, FLORIDA |  |
|   |                     |  |
|   |                     |  |

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SECRETARY OF STATE

2088 AUG 18 AM 9: 00

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| DOCUMENT NUMBER: \$990000 237/2  | 3  |               |
|--|--|---------------|
| The enclosed Resignation of Registered Agent for a Corpora   | tion and fee are submitted for f                                 | iling.        |
| Please return all correspondence concerning this matter to th  | e following:   |               |
| Pamela Troyer (Name of Person)   |  |               |
| Troyers Business Services (Name of Firm/Company)   | Inc  |               |
| 1569 Shadow Ridge Cir (Address)  |  |               |
| Sarasota FL 34240 - 9464<br>(City/State and Zip Code)  | 1  |               |
| For further information concerning this matter, please call:   |  |               |
| Pamela Troyer at (941) (Name of Person) at (941)   | 378-4171<br>& Daytime Telephone Number)                          |               |
| Enclosed is a check made payable to the Florida Department or \$35.00 for an administratively dissolved, voluntarily disso | of State for \$87.50 for an activolved or withdrawn corporation. | e corporation |

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

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60 | 77.0502(2), 617.0502(2), 607.1509, or 617.1509,  |
|---|--|
| Florida Statutes, the undersigned,        | Pamela Trajer  |
|   | (Name of Registered Agent)   |
| hereby resigns as Registered Agent for    | PCS Limited, Inc.  |
|   | (Name of Corporation)  |
| P99000023712                              |  |
| (Document Number, if known)               |  |
|   |  |
| A copy of this resignation was mailed to  | the above listed corporation at its last known address.  |
| this statement is filed.                  | discontinued on the 31st day after the date on which   |
| (Sig                                      | gnature of Resigning Agent)  |
| If signing on behalf of an entity:        | SECAL TAR  |
|   |  |
|   | Typed or Printed Name)   |
|   | The second secon |
|   |  |
| <u> </u>                                  | 9: 00  |
|   | (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