# 2200130809

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Pino Capital Formation Pa	rtners LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000130809	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
11501 Domain Drive, Suite 200	
Address	
Austin, TX 78758	
City/State and Zip Code	
raresignations@legalzoom.com	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

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

### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unc	dersigned.	
United States Corporation Agents, Inc.  Name of Registered Agent		_ , hereby resigns as	
	Name of Limited Liability Company	·	
L22000130809			
Document N	umber, if known		
	on was mailed to the above listed limited liabilited and the office discontinued on the 31st day at	ter the date on which this statement is filed.	
If signing on behalf of a	Signature of Resigning Agent un entity: Erik Treutlein	2025 APR -2 SECRETALLAHAS	
Typed or Printed Name		77	
Vice President on behalf of United States Corporation A		Agents, Inc.	
	Capacity	Agents, Inc.  RH 4: 35	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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