355306

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pineta Company
(Name of Corporation)
DOCUMENT NUMBER: 355306
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:
Corinne P. McClure, Senior Paralegal
(Name of Person)
McGuireWoods LLP
(Name of Firm/Company)
50 North Laura Street, Suite 3300
(Address)
Jacksonville, FL 32202
(City/State and Zip Code)
For further information concerning this matter, please call:
Corinne McClure (Name of Person) at (904)798-3294 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a cheek made payable to the Florida Department of State for \$27.50 for an active or

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the p	provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes	the undersigned, RAX Co.
	(Name of Registered Agent)
horoby recime a	s Registered Agent for Pineta Company (Name of Corporation)
nereby resigns a	(Name of Corporation)
355306	
(Documen	t Number, it known)
A copy of this re	esignation was mailed to the above listed corporation at its last known address.
The agency is te this statement is	rminated and the office discontinued on the 31st day after the date on which filed.
	(Signature of Resigning Agent)
If signing on bel	nalf of an entity:
	Lisa O. Taylor
	Lisa O. Taylor (Typed or Printed Name) President
	President
	(Capacity)
	Fee for filing this document:

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation