10/03/2011 Division of Corporation



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: GREENE, HAMRICK, PERREY, QUINLAN & SCHEDE ANNER

Account Number : I19990000030 : (941)747-1871

Phone Fax Number

: (941)745-2866

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kevin.Boyer@hcahealthcare.com

PINNACLE REAL ESTATE HOLDINGS, LLC

Certificate of Status Certified Copy 0 03Page Count Estimated Charge \$85.00

LLC REGISTERED AGENT RESIGNATION

Electronic Filing Menu

Corporate Filing Menu

Help

(((H110002397243)))

TO:

Amendment Section

COVER LETTER

(((H110002397243)))

SUBJECT: Pinnacle Nan	ne of Limite	d Liabilit	oldings, y Company	LLG		
DOCUMENT NUMBER:	UMBER: L0300001342					
The enclosed Resignation of Registered for filing.	Agent for	a Limite	d Liability	Company a	nd fee	are submitted
Please return all correspondence concer	ning this n	atter to 1	he follow	ing:		· ·
Kevin Boyer, M. D						
Name of Person						
Pinnacle Medical Gro	oup	•		. '		•
Name of Firm/Compar	y .		- .		•	
315 75th Street We	st				•	
Address					•	
Bradenton, FL 3420			· -		•	
City/State and Zip Cod	le .					
Kevin.Boyer@hcahealthc	are.com		·. ·			
	• • •			•		
For further information concerning this	matter, pie	ase call:		•		
Kevin Boyer, M.D.	at (941)	761-1998		_
Name of Person	F	Area Code	& Daytim	e Telephone l	илтрег	ř.

limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

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(((H11000239724 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509	, Florida Statutes, th	e undersigned,			
John V. Quinlan		, herel	by resigns as			
,	Name of Registered Agent					
Registered Agent for	ed Agent for Pinnacle Real Estate Holdings, LLC					
	Pinnacle Real Estate I	Holdings, LLC	,			
	Name of Limited Liability Co	птрану				
L03000	0001342					
Document No	imber, if known					
A copy of this resignation	on was mailed to the above listed lin	nited liability compa	ny at its last known address.			
The agency is terminate	d and the office discontinued on the	31st day after the da	ate on which this statement is filed.			
	AM. ans					
	Signature of Re	signing Agent				
If signing on behalf of a	n entity:					
	Typed or Printed N	lame	.			
		, ,,				
	Capacity	•				
•	•					
	, '	•				

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
Tallabassee, FL 32314

INHS17 (08/05)

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