

02/24/2009 15:46 FAX 4074231831
Division of Corporations

DEAN MEAD, ORLANDO

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)941-1200
Fax Number : (407)423-1831

REGISTERED AGENT RESIGNATION

PINES ENTERPRISES, LLC

Certificate of Status	0
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EXAMINER

02/24/2009 15:47 FAX 4074231831

DEAN MEAD ORLANDO

002

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Dean Mead Services, LLC

, hereby resigns as

(Name of Registered Agent)

Registered Agent for **Pines Enterprises, LLC**

(Name of Limited Liability Company)

L04000094197

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

Jane D. Callahan

(Typed or Printed Name)

Vice President

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FILING FEES:**

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability companyMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

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