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(Address) (Address)	200211702852
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(Business Entity Name)	09/06/1101050005 **85.00
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COVER LETTER

TO: Amendment Section **Division of Corporations** September 2, 2011

POYNTER PROPERTIES, LLC Name of Limited Liability Company SUBJECT:

L05000040867 DOCUMENT NUMBER:

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy M. Poynter Name of Person

Poynter Properties LLC Name of Firm/Company

27 North 3rd Street Address

Fernandina Beach, FL 32034-** City/State and Zip

> tpoynter@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy M. Poynter 904 491-7772 at (Area Code & Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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,

Name of Registered Agent Registered Agent for		H. Price Poole, Jr.	, hereby r	esigns as			
Name of Limited Liability Company L05000040867 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 31 st day after the date on which this statement is filed. Make office discontinued on the 31 st day after the date on which this statement is filed. September 2, 2011 Signature of Resigning Agent If signing on behalf of an entity: Capacity Make checks payable to Florida Department of State and mail to:			, , ,	5			
L05000040867 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. Junce September 2, 2011 September 2, 2011 If signing on behalf of an entity:	Registered Agent for	POYNTER PROPERTIES, LLC					
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.		Name of Limited Liabili	ty Company			.,	
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. September 2, 2011 If signing on behalf of an entity: Typed or Printed Name Capacity FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Active limited liability company	L05000	0040867					
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