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•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE PINNACLE GROU	IP OF THE PANHANDLE,LLC
(Name of Limit	ed Liability Company)
The enclosed member, managing member or ifiling.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
BRUCE SANSON	
(Contact Person)	
THE PINNACLE GROUP OF THE	PANHANDLE,LLC
240 OAK ST	
(Address)	
CRAWFORDVILLE, FL 32327	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
BRUCE SANSON	at (850) 370-6622
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for
\$25 Filing Fee	\$55 Filing Fee &
▼ © 1 milg 1 00	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		it appears on the records of the FOF THE PANHANDLE	
2. This limited liab	lity company was organized	under the laws of:	
3. The Florida docu LO5000070	•	this limited liability company is:	
4. I, RENEA TO	ONDEE	, hereby resign as a MGRN	<u> </u>
	oility company and affirm the	e limited liability company has be	rini Tille)
Signature of Resi	gning Member, Managing Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		