## L05000083914

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Point LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L05000083914
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:
Martekei Plange
(Name of Person)
The Point LLC
(Name of Firm/Company)
1462A Gulf to Bay Blvd
(Address)
Clearwater, FI 33755
(City/State and Zip Code)
For further information concerning this matter, please call:
Martekei Plange at (727 ) 953-5122 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

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

Pursuant to the provisions of se	ection 608.416(2) or 608.509, Florida Statutes, the undersigned,	
MARKAI PLANGE B	ol NKA BI, LLC, hereby resigns as	
(Name Registered Agent for	of Registered Agent) NC 10/25/06	
	(Name of Limited Liability Company)	
L05000083914		
(Document Number, if kn	lown)	
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	he office discontinued on the 31st day after the date on which this statements	filed.
	ModCattange (Signature of Resigning Agent)	<u> </u>
If signing on behalf of an entity	y:	
	The Point LLO dba Wick Oity Flogre	Ò
	<b>₩</b> ₩	
<del></del>	(Capacity)	

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