L050000 83914

(Rec	juestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	o#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	3914	
*		"AL"

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10/25/06--01017--007 **35.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA



October 26, 2006

MARTEKEI PLANGE 1462A GULF TO BAY BLVD. CLEARWATER, FL 33755

SUBJECT: BI NKA BI, LLC Ref. Number: L05000083914

We have received your document for BI NKA BI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 906A00063724

Agnes Lunt Document Specialist

COVER LETTER

The Point LLc SUBJECT: (Name of Corporation) L05000083914 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation 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 (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Vii	MARTEY	PLANGE	, hereby resign as	s MGR (Title)	
of The	Point	(Limited Liabii	L 050C	0008391	Ч,
a limited liabi	lity company org	•	ws of the State of _	FIGGE	M TI
and affirm tha	nt the limited liabi	lity company has b	een notified in writ	ing of the resign	ation.
			- <u> </u>	OF STA	D 2:
	(Signature of	esigning manager.	managing member	or member)	П

FILING FEE IS \$25.00

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