

1/21/2016

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000017715 3)))



H160000177153ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POINTE BRASIL LLC

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JAN 22 2016

S. YOUNG

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Corporate Filing Menu

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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Account Bookkeeping
DATE	2016-01-21 20:51:25 GMT
RE	RESIGNATION LETTER - POINTE BRASIL LLC

COVER MESSAGE

Best Regards,

Rafaela Martins - Customer Service Assistant
Account Bookkeeping Corp | www.abkcorp.com
P.: (407) 898-1757 | Fax.: (407) 897-5336
Brasil: São Paulo +55(11)3230.2525
3300 S Hiawasse Rd Ste 106 Orlando, FL 32835

FILED
16 JAN 21 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POINTE BRASIL LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

 RAFAELA MARTINS

(Contact Person)

 ABK CORP

(Firm/Company)

 3300 S HIAWASSEE RD STE 106

(Address)

 ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

 RAFAELA MARTINS

(Name of Contact Person)

 407

at ()

 898-1757

(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 & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

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FILED
16 JAN 21 AM 9:40
STATE
TALLAHASSEE, FLORIDA

H16 0000 17715 3

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: POINTE BRASIL LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000006208

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/21/2016

4. I, ROSEANA SOUZA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Roseana Souza

Signature of Dissociating Member or Resigning Manager

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