

L16 000217 253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

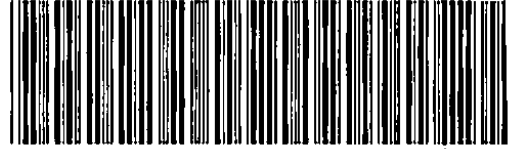
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OCT 14 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINPOINT HEALTH SOLUTIONS, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000217253

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:

Krystal Beckner

Name of Person

COGENCY GLOBAL INC.

Name of Firm/Company

850 New Burton Rd., Suite 201

Address

Dover, DE 19904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Invoices Team

Name of Person

at ( 866 ) 621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

COGENCY GLOBAL INC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for PINPOINT HEALTH SOLUTIONS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000217253

\_\_\_\_\_  
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

Krystal Beckner

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Krystal Beckner

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary, COGENCY GLOBAL INC.

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

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