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To:

Division of Corporations  
Fax Number : (250)617-6383

From:

Account Name : RASI  
Account Number : 120220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

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

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**LLC REGISTERED AGENT RESIGNATION  
PINECREST CAPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 MAR 16 PM 4:38

T. LEMIEUX

MAR 16 2023

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PINECREST CAPITAL LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L1S000092632

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC

Name of Firm/Company

100 WALL STREET, SUITE 1401

Address

NEW YORK, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON

Name of Person

at ( 888 ) 989-9589  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

, hereby resigns as

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

Registered Agent for PINECREST CAPITAL LLC

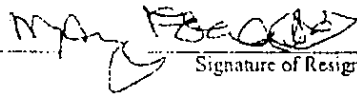
\_\_\_\_\_  
Name of Limited Liability Company

L13000092632

\_\_\_\_\_  
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 is filed.



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

If signing on behalf of an entity:

MARY BROOKS

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

ASSISTANT SECRETARY

\_\_\_\_\_  
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

INHS17 (2/14)

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