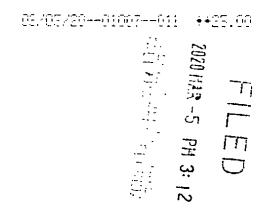
# 118000 166921

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				





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### COVER LETTER

	egistration Section ivision of Corporations				
SUBJECT	Pinnacle Brick Pavers and Stone,	LLC			
	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclos	ed Amendment or Cancellation of St	atement of Authority and	d fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning thi	s matter to the following	:		
Jack G. W	illiams				
	Name of Person				
Jack G. W	lliams, Attorney at Law				
	Firm/Company				
Post Office	: Box 2176				
	Address				
Panama Ci	ty, FL 32402				
	City/State and Zip Code				
williamspo	law@gmail.com				
IE	-mail address: (to be used for future	annual report notification	n)		
For further	information concerning this matter.	please call:			
Jack G. W	illiams	850 at (	763-5368 )		
	Name of Person		Daytime Telephone Number		

# **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

### AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

	The name of the limited liability company is: Pinnacle Br		
SECON	D: The Florida Document number of the limited liability of	ompany is:	
THIRD	The street address of the limited liability company's princ 19211 Panama City Beach Parkway, Ste. 207	cipal office is:	
	Panama City Beach, FL 32413		_
	The mailing address of the limited liability company's pr 19211 Panama City Beach Parkway, Ste. 207	rincipal office is:	
	Panama City Beach, Fl. 32413		2020 H
	H: The date the statement of authority became effective is	8.24-2018	2020 HAR -5 PA
FIFTH: OR	The statement of authority is cancelled.		5 PM 3: 12
	The amendment to the statement of authority is N/A		<u> </u>
	1, (LE)	Thomas <del>P. El</del> der	- <del>-</del>

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)