

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINPOINT SCANS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000254821

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:

VINCENT GRAVINA

Name of Person

PINPOINT SCANS, LLC

Name of Firm/Company

616 SE 20TH AVE, SUITE 203

Address

DEERFIELD, FL 33441

City/State and Zip Code

vincent@pinpointequine.com

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

For further information concerning this matter, please call:

VINCENT GRAVINA

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

DEWITT M. LOVELACE

Name of Registered Agent

, hereby resigns as

Registered Agent for PINPOINT SCANS, LLC

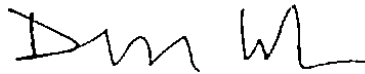
Name of Limited Liability Company

L18000254821

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



Signature of Resigning Agent

If signing on behalf of an entity:

DEWITT M. LOVELACE

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
19 FEB 22 PM 6:17
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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