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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: PINPOINT SCANS, LLC	
	Liability Company
DOCUMENT NUMBER: L18000254821	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are subm
Please return all correspondence concerning this ma	tter to the following:
VINCENT GRAVINA	
Name of Person	<del></del>
PINPOINT SCANS, LLC	
Name of Firm/Company	
616 SE 20TH AVE, SUITE 203	
Address	
DEERFIELD, FL 33441	
City/State and Zip Code	<del></del>
vincent@pinpointequine.com	
E-mail address: (to be used for future annual report notif	cation)
For further information concerning this matter, pleas	se call:
VINCENT GRAVINA	,
Name of Person Ar	ea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn lim
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

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

Pursuant to the provision	s of section 605.0115, Florida Statutes, th	e undersigned,	
DEWITT M. LOVELACE hereby		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for PI	NPOINT SCANS, LLC		
	Name of Limited Liability Company	<u> </u>	
L18000254821			
Document Nun	aber, if known		
A copy of this resignation	n was mailed to the above listed limited lia	ability company at its last	known address.
The agency is terminated	and the office discontinued on the 31st da	ay after the date on which	this statement is
	DM M. Signature of Resigning	Agent	19 FEB 2
If signing on behalf of an entity:			( 2)
	DEWITT M. LOVELACE		. — — — — — — — — — — — — — — — — — — —
	Typed or Printed Name	<del></del>	5 g
	REGISTERED AGENT		PH 6: 17
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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