

h21 0000 19386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

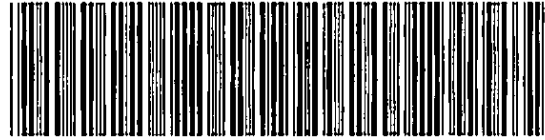
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 16 AM 10:43
SEP 16 2021
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pointe Hospitality Group LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sean P. Cronin

(Contact Person)

Stanton Cronin Law Group, PL

(Firm/Company)

6944 W. Linebaugh Ave., Suite 102

(Address)

Tampa, Florida 33625

(City/State and Zip Code)

For further information concerning this matter, please call:

Sean P. Cronin

813

444-0155

at (_____)

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy**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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Pointe Hospitality Group LLC

2. The Florida document/registration number assigned to this limited liability company is:

L21000019386

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 3, 2021

4. I, Jennifer Jackson-Keating, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jennifer Jackson-Keating

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2021 SEP 16 AM 10:43
SEC. OF STATE
TALLAHASSEE, FL