L23000085297

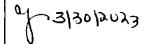
| (Requestor's Name) | | | | |
|-----------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Copies Certificates of Status | | | | |
| at Instructions to Filing Officer | | | | |
| | | | | |
| | | | | |
| No Copy | | | | |
| Office Use Only | | | | |



200405482712







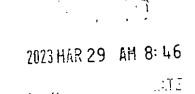
| FLORIDA CAPITAL COURIER SERVICES 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 | S, INC | | | |
|---|--|--|--|--|
| Please use funds from this account: I20210000160: \$ 25.00 Authorization Signature: | | | | |
| Pinnacle Cars LLC | L23000085297 | | | |
| BUSINESS NAME | DOCUMENT # | | | |
| Certified Copy of Articles of OrganizationCertificate of Status | | | | |
| NEW FILINGS | <u>AMMENDMENTS</u> | | | |
| Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP | Amendment _X_ Resignation of R.A. Officer/DirectorChange of Registered AgentDIssolutionMergerConversionAmended and restated ArticlesStatement of Authority | | | |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS | | | |
| Annual Report | Foreign filing | | | |
| Fictitious Name | Limited Partnership Reinstatement | | | |
| APOSTILLE | Other | | | |
| Country | | | | |

EXAMINER'S INITIALS:____

COVER LETTER

| TO: | | stration Section ion of Corporations | | |
|---------|----------------------|--|--------------------|--|
| SUBJ | ECT: | Pinnacle Cars LLC | | |
| | | (Name of Limited Liability Company) | | |
| The er | nclosed | 1 member, resignation or dis | sociation and fee | (s) are submitted for filing. |
| Please | return | all correspondence concern | ing this matter to | : |
| Jim Ge | iger | | | |
| | | (Contact Person) | | _ |
| Pinnacl | le Cars | | | |
| | | (Firm/Company) | | |
| 3031 S. | . Ocean | Blvd. | | |
| | | (Address) | | - |
| Palm B | leach Fl | 33480 | | |
| | · | (City/State and Zip Code) | | |
| For fu | rther i | nformation concerning this r | natter, please cal | 1: |
| Jim Ge | iger | | 561 at (| 662-9595 |
| | ۱) | lame of Contact Person) | | de & Daytime Telephone Number) |
| | sed ple 5 Filin | ease find a check made payal g Fee | | Department of State for: ng Fee & Certified Copy |
| | Regi Divi P.O. | ng Address: stration Section sion of Corporations Box 6327 shassee, 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)

| | limited liability company as it | appears on the records of the Florida Department |
|--|---------------------------------|--|
| 2. The Florida docu L23000085297 | ument/registration number assig | gned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/resign | ed or will withdraw/resign is: 03/27/23 |
| 4. I. Print Name of Person Resigning) | | |
| A member | , , , | |
| | (Print Title) | |
| of this limited lia resignation in wr | | imited liability company has been notified of my |
| | rova Heiner | |
| Signature of D | issociating Member or Resignin | ng Manager |
| | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |