M0400003745

(Re	equestor's Name)	
(,,,	iquestor o riume,	
(Ad	dress)	
(Ad	dress)	
(6)	y/State/Zip/Phone	- #h
(Cit	y/State/Zip/Phone	s #j
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(D)	and Nivertan	
(00	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700043733077

##25.00 *#25.00

OS JAN JUNE SO O : E WW 1 NW C SO

MOH100003745

CT CORPORATION

January 4, 2005

RE: PINNACLE FURNITURE LEASING, LLC (DE. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is <u>1</u> check in the amount of <u>\$85.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, w enclose a stamped self-address envolepe.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (ld)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ld Enclosure

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Florida Statu	utes, the undersigned,	
C T CORPORATION SYSTE	EM	, hereby resigns as	
(Name o	of Registered Agent)	, moreon reasgns as	
Registered Agent for			
PINNACLE FU	JRNITURE LEASING, LLC		
	(Name of Limited Liability Company)		<u> </u>
MO400003745			
(Document Number, if known	own)		
A copy of this resignation was r	nailed to the above listed limited liability	company at its last known address	s.
The agency is terminated and th	e office discontinued on the 31st day after	r the date on which this statement	is filed.
	(Signature of Registring Agent)	ALLAHA	
If signing on behalf of an entity	: <i>U</i>	SARY SEY	F
СТС	CORPORATION SYSTEM - Theresa Al	fieri 🚆	₹ [1]
	(Typed or Printed Name) ASSISTANT SECRETARY		و 0
	· · · · · · · · · · · · · · · · · · ·	-i. :	

(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withdrawn limited liability company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