## N05000002975

(Re	questor's Name)	
(Ad	idress)	
(A	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		
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LA Resign

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## **COVER LETTER**

SUBJECT: PINE POINTE HOMEOWNE	Name of Corporation)
DOCUMENT NUMBER: N050000029	75
The enclosed Resignation of Registered Age	ent for a Corporation and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
Jeremy Novak	
(Name of Person)	
Gulf Coast Property Services, LLC	
(Name of Firm/Company)	
209 7th Street	
(Address)	
Port St. Joe, Florida 32456	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Jeremy Novak	_ at (850) 229-2706
(Name of Person)	(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.150	)9, or 617.1509,
Florida Statutes, the undersigned,	Gulf Coast Property Services, LL (Name of Registered A)	
hereby resigns as Registered Agent for	or PINE POINTE HOMEOWNE (Name of Corporatio	RS ASSOCIATION, TNC
N05000002975		
(Document Number, if known)		
A copy of this resignation was mailed	d to the above listed corporation at i	ts last known address
The agency is terminated and the offithis statement is filed.	ce discontinued on the 31st day after	er the date on which
If signing on behalf of an entity:	,	O 3: 49
	Jeremy T.M. Novak, CMCA Gill Coast Property Sendoes, LLC Property Management	Jeremy T.M. Novak, CMCA Gulf Coast Property Services, LLC Property Management
	(Capacity)	

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314