## N10000004600

(Re	equestor's Name)	
(Ac	ldress)	
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(Ĉi	ty/State/Zip/Phone	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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FILE III

Ra Risignation

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Pinellas Westcoast Academies, Inc.	_	
(Name of Corporation)	ı	
DOCUMENT NUMBER: N10000004600	•	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the following:		
Melissa Gross-Arnold		
(Name of Person)	S -5	
The Arnold Law Firm	DEC 28	1
(Name of Firm/Company)	****	
6279 Dupont Station Court	PH I2: 32	
(Address)	ယ	1
Jacksonville, FL 32217	ii. <b>&gt;</b>	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Melissa Gross-Arnold at 904 731-3800		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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), 607.1509, or 617	.1509,		
Florida Statutes, the undersigned, Arnold Law Firm			
(Name of Registered Agent)			
hereby resigns as Registered Agent for Pinellas Westcoast Academies, In	nc.		
(Name of Corporation)			
N1000004600			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	own add	ress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whic	ch	
	E SE	ode ∰i	
(Signature of Resigning Agent)	全影	3	7
If signing on behalf of an entity:	ASSET OF	Cas PM	
	ad gr Start	PX 12:	**************************************
(Typed or Printed Name)	in s. First	32	
(Capacity)			
(Supurity)			

## 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