

N14 000005520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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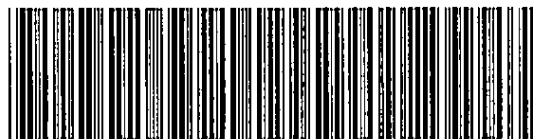
(Business Entity Name)

(Document Number)

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Resignation of  
RA

01/03/22-- 01010--032 \*\*87.50

FILED  
2022 JAN -3 AM 8:04  
STATE OF ALABAMA  
JAN 3 2022

A. RAMSEY

JAN 21 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pinecrest Garden Club, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N14000005520  
\_\_\_\_\_

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:

Barbara Pereira  
\_\_\_\_\_  
(Name of Person)

Pinecrest Garden Club, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

11000 SW 57 Avenue  
\_\_\_\_\_  
(Address)

Pinecrest/FL/33156  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelley Schild  
\_\_\_\_\_  
(Name of Person) at ( 305 ) 798-3477  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2022 JAN -3 AM 8:04

SE. CLARY OF STATE  
TALLAHASSEE, FL 32314

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Kelley C. Schild

(Name of Registered Agent)

hereby resigns as Registered Agent for Pinecrest Garden Club, Inc.


(Name of Corporation)

N14000005520

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Kelley Schild

(Typed or Printed Name)

Past President

(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**