P0000051409

| (Requestor's Name) | |
|---|---|
| (Address) | _ |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | ٦ |
| : | |
| | |
| | |
| | |

Office Use Only



200013721252

ú3/13/03--01022--018 **35.00

PILED

03 MAR 14 AM 10: 28

14 ARETARY OF STATE

Cooking to

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Pinnacle Recycling, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: <u>P0000051409</u> |
| 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: |
| Steven G. Schwartz, Esquire (Name of Person) |
| Schwartz & Horwitz, P.A. |
| (Name of Firm/Company) |
| 3301 NW Boca Raton Blvd., Suite 200 |
| (Address) Boca Raton, Florida 33431 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Steven G. Schwartz, Esq. at (561) 395-4747 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

CR2E046(11/02)

--

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, Steven G. Schwartz (Name of Registered Agent) | | | |
|--|--------------------------|-----------|---|
| hereby resigns as Registered Agent for Pinnacle Recycling | <u>uc.</u> | ب | |
| POODOOSSIHOG (Document Number, if known) | - | | |
| A copy of this resignation was mailed to the above listed corporation at its last know | n address. | | |
| The agency is terminated and the office discontinued on the 31st day after the date or this statement is filed. | ı which | | |
| fluen Falural | | - | |
| (Signature of Resigning Agent) If signing on behalf of an entity: | JÉCRETAR ALLAHASS | 03 MAR 14 | |
| (Typed or Printed Name) | Y OF STATE EE. FLORID | AM 10: 28 | |
| (Capacity) | 10 - | | • |

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