

PO7000058822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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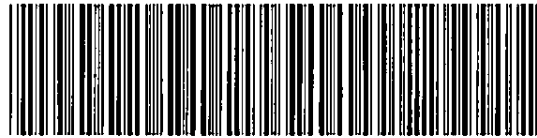
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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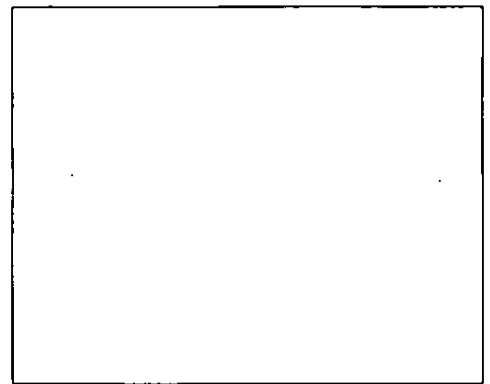
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S. YOUNG

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TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)364-8000



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WALK-IN

ENTITY NAME:

THE POINT 1211 CORP.

CH# 7812    FOR \$70.00    (\$35.00 for this filing)

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION & RETURN  
THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

**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, ATRIUM REGISTERED AGENTS, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for THE POINT 1211 CORP.

(Name of Corporation)

P07000058822

(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:

SHAWN P. WOLF

(Typed or Printed Name)

Vice 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withdrawn corporation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

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