

P10000029764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

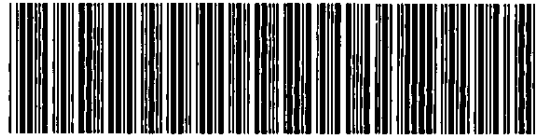
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200177207962

05/12/10--01018--017 **35.00

FILED
2010 MAY 12 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

MAY 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE PINES PARTNERS LAW CENTER, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P10000029764

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO A. PINES

(Name of Person)

THE PINES PARTNERS LAW CENTER, P.A.

(Name of Firm/Company)

3301 PONCE DE LEON BLVD., PH-SUITE

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

GUSTAVO A. PINES

(Name of Person)

at (305) 446-7493

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

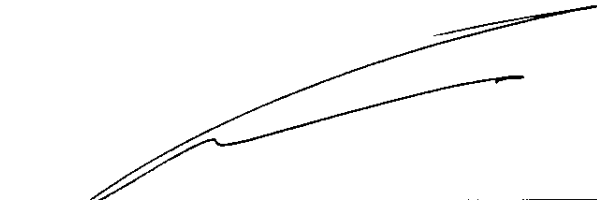
FILED
2010 MAY 12 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GUSTAVO A. PINES, hereby resign as PRESIDENT
(Title)

of THE PINES PARTNERS LAW CENTER, P.A.
(Name of Corporation)

P10000029764, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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