Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Phone

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REGISTERED AGENT RESIGNATION PINNACLE HEALTHCARE HOSPITALITY SERVICES, INC.

Certificate of Status	0
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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, CFRA, LLC
(Name of Registered Agent)
hereby resigns as Registered Agent for PINNACLE HEALTHCARE HOSPITALITY SERVICES, INC.
(Name of Corporation)
P12000068867
(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:
Joyce F. Bentubo
(Typed or Printed Name)
Secretary
(Capacity)

Fee for filing this document:
\$87.50 - Active Corporatior.
\$35.00 - Administratively dissolved/voluntarily dissolve

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Taliahassee, FL 32314

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