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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PINES-JACKSON	VILLE MANAGEMENT. INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: S29	9722
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
GUSTAVO A. PINES	
(Name of Per	rson)
PINES-JACKSONVILLE MAN	AGEMENT, INC
(Name of Firm/C	Company)
3301 PONCE DE LEON BLVE	)., PH
. (Address	)
CORAL GABLES, FLORIDA 3	33134
• (City/State and Z	Cip Code)
For further information concerning	g this matter, please call:
GUSTAVO A. PINES	at ( 305 ) 529-4848 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

. hereby resign as	VICE-PRESIDENT	
_,,	(Title)	
ofPINES-JACKSONVILLE MANAGEMENT, INC.  (Name of Corporation)		
ration organized un	der the laws of the State of	
resigning officer/direct	tor)	
	ion)	

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