726091

(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:





000265536930

000265536930 12/Q8/14--01053--009 **35.00

14 DEC -8 PH 9: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND

DEC 1.1. 2014

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Lakeview Community Ass	ociation, Inc.	
(Name of Corporat	ion)	
DOCUMENT NUMBER: 726091	· · · · · · · · · · · · · · · · · · ·	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Robert G. Cuff		
(Name of Person)	-	
Robert G. Cuff, P.A.		
(Name of Firm/Company)	-	
10 Florida Park Drive N., Ste. D-4		
(Address)	-	
Palm Coast, FL 32137		
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Robert Cuff at (386	445-2677 & Daytime Telephone Number)	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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, James E. Gardner
(Name of Registered Agent)
hereby resigns as Registered Agent for Lakeview Community Association, Inc.
(Name of Corporation)
726091
(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:
(Typed or Printed Name)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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