

517127

(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



400156882744

400156882744
06/03/09--01039--017 **227.50

FILED
09 JUN -9 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Approved
6/11/09
TL

PAUL D. NEWELL, P.A.

ATTORNEY AT LAW

260-A LAWRENCE BOULEVARD

SUITE 201

P.O. BOX 1369

KEYSTONE HEIGHTS, FLA. 32656-1369

PAUL D. NEWELL

TELEPHONE
(352) 473-4928
FACSIMILE
(352) 473-0358

June 8, 2009

Division of Corporation
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Lakeside Realty Incorporated

To Whom It May Concern:

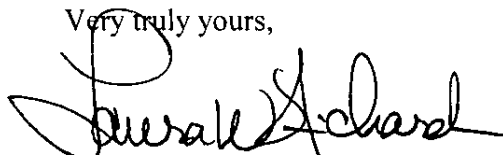
Enclosed are the following documents with regard to the above referenced corporation:

1. Resignation of Registered Agent	\$87.50
2. Resignation of Officer (President)	\$35.00
3. Resignation of Officer (Vice-President)	\$35.00
4. Change of Registered office/Agent	\$35.00
5. Articles of Amendment	\$35.00

I've enclosed our trust account check in the amount of \$227.50 as payment for the above referenced changes.

Please contact our office with any questions.

Very truly yours,



Laura W. Richardson
Legal Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeside Realty Incorporated
(Name of Corporation)

DOCUMENT NUMBER: J17127

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul D. Newell

(Name of Person)

Paul D. Newell, P.A.

(Name of Firm/Company)

P.O. Box 1369

(Address)

Keystone Heights, FL 32656

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul D. Newell

(Name of Person)

at (352) 473-4928

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Thomas McCormick

(Name of Registered Agent)

hereby resigns as Registered Agent for Lakeside Realty Incorporated

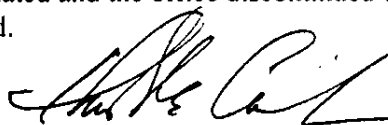
(Name of Corporation)

J17127

(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)

FILED
09 JUN -9 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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