

A01000000070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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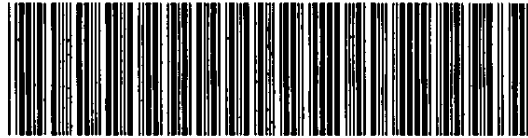
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 19 AM 7:28

MAY 21 2016  
J SHIVERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAKE AUSTIN PROPERTIES I, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A01000000070

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ATTN: Mary Jo Spalinger  
Contact Person

Business Filings Incorporated  
Firm/Company

8020 Excelsior Dr., Suite 200  
Address

Madison, WI 53717  
City, State and Zip Code

BFI-RegisteredAgent@wolterskluwer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Jo Spalinger at ( 800 ) 981-7183  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

\$87.50 Filing Fee       \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Business Filings Incorporated,

Name of Registered Agent

hereby resigns as

Registered Agent for LAKE AUSTIN PROPERTIES I, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A0100000070

Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

Mary Jo Spalinger  
Signature of Registered Agent

If signing on behalf of an entity:

Mary Jo Spalinger

Typed or Printed Name

Assistant Secretary

Capacity

FILED  
16 MAY 19 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$87.50**

**Certified Copy (optional): \$52.50**