

To: 8506176383

From: ROGERSTOWERS

8-27-21 3:50pm p. 2 of 4

8/27/2021

**AZ 1463**  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
Fax Number : (904)396-0663

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jcassell@rtlaw.com

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TALLAHASSEE FLORIDA

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2021 AUG 27 AM 8:15  
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TALLAHASSEE FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
CONDEL LAKEWOOD ASSOCIATES LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

AUG 27 2021  
S. PRATHER

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H21000322228 3

**COVER LETTER**

H21000322228 3

**TO:** Registration Section  
Division of Corporations**SUBJECT:** Condel Lakewood Associates, LTDName of Limited Liability Company**DOCUMENT NUMBER:** A21463

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. Joseph O'ShieldsName of PersonRogers Towers, P.A.Name of Firm/Company1301 Riverplace Blvd. Suite 1500AddressJacksonville, Florida 32207City/State and Zip Codejoshields@rtlaw.comE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Joseph O'ShieldsName of Personat ( 904 ) 673-1692Area CodeDaytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

INHS17 (2/14)

H21000322228 3

H21000322228 3

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

H. Joseph O'Shields \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Condell Lakewood Associates, LTD

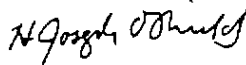
\_\_\_\_\_  
Name of Limited Liability Company

A21463

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

H. Joseph O'Shields

\_\_\_\_\_  
Typed or Printed Name

Officer/Registered Agent

\_\_\_\_\_  
Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FL 32314

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