Diminus Saifno Requester's Nate One Tampa Cry Center Swife 2600 Address P.O. BOX 380 Famor FL 33602 City/State/Zip Phone

Office Use Only

Examiner's Initials

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CORPORATION NAME(S) & DOCUM	
1. LAKERAND TOPOVEL	STOP LTD
(Corporation Name)	/ (Document #)
	7-62
(Corporation Name)	(Document#) SUUU46876787 -11/19/0101069014 *****175.00 *****87.50
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS Amendment Amendment Amendment
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

1 disdant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,		
R. MARSHALL RAINEY, ESQUIRE , hereby resigns as Registered (Name of Registered Agent)	l	
Agent for LAKELAND TRAVEL STOP, LTD.		
(Name of Limited Partnership)		<u> </u>
A copy of this resignation was mailed to the above listed partnership at its last known address.		
The agency is terminated and the office discontinued on the 31st day after the date on which this is filed.	staten	ent
A. Phalitt	0	SIAID
R.MARSHALL RAINEY, ESQUIRE	61 AON	ON OF C
		Y OF STATOR OR POR AT

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

FILING FEE: \$87.50

INHS16(9/98)