F04000001414

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COVER LETTER

SUBJI	ECT: Lakewood Holdings Corp.
	(Name of Corporation)
DOCU	MENT NUMBER: F04000001414
Γhe en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Robe	rt Sandifer, EA
	(Name of Person)
Sand	ifer Tax Services Inc.
	(Name of Firm/Company)
31 Oa	akbrook Lane
	(Address)
Miner	al Wells, WV 26150
	(City/State and Zip Code)
or fur	ther information concerning this matter, please call:
Rober	t Sandifer at (304) 481-0350
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned, Ro	obert Sandifer	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Lakewood Holdings Corp.	_
(Name of Corporation)		
F04000001414		,
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last k	nown address.
this statement is filed.	discontinued on the 31st day after the da	ite on which
γ γ (Si _l	gnature of Resigning Agent)	7 ° °
If signing on behalf of an entity:	•	05 OCT 21 SECHHASSE
(Typed or Printed Name)	AM II: NO
		1.1 1.1
		6. H. G
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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