F07000003037

•
(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates:of Status
Spacial Instructions to Filing Officer
Special Instructions to Filing Officer:
ري
Znku

Office Use Only



500160871865

09/28/09--01010--026 **87.50

PILED

09 SEP 28 PM 1: 17

SECRETARY OF STATE
TALLAHASSEE, FLORID.

expr2/0/201

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PLM LAKE & LAN	
	(Name of Corporation)
DOCUMENT NUMBER: FOR	7000002037
The enclosed Resignation of Reg	gistered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
MAGGIE HOPE	
(Name of P	erson)
HIQ CORPORATE SERVICE	ES, INC.
(Name of Firm/	Company)
715 SAINT PAUL STREET	
(Addres	ss)
BALTIMORE, MD 21202	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
MAGGIE HOPE	at (410) 752-8030 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sectio	ons 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned,	HIQ CORPORATE SERVICES, INC.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for PLM LAKE & LAND MANAGEMENT C	ORP.
	(Name of Corporation)	
F07000002037		
(Document Number, if known)		
A copy of this resignation was mail	led to the above listed corporation at its last know	wn address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date of	on which
this statement is fried.	18 Hp	
•	(Signature of Resigning Agent)	₹% G
If signing on behalf of an entity:	·	FIL 09 SEP 28 SECHÉLAR NLLAHASS
MAGGIE HOF	PE	[TH ~<
 	(Typed or Printed Name)	PE PE EO
ASSISTANT S	SECRETARY	I: I7 TATE ORID

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)