

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

: (850)656-7956

Fax Number

: (850)656-7953

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

REGISTERED AGENT RESIGNATION LS9 PROPERTIES INC.

Certificate of Status 0 0 Certified Copy Page Count 01 \$35.00 Estimated Charge

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LS9 PROPERTIES INC.
(Name of Corporation)
DOCUMENT NUMBER: F10000001418
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Kelly B. Casey
(Name of Person)
Incorporating Services, Ltd. (Name of Firm/Company)
3500 South DuPont Highway
(Address)
Dover, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
Kelly B. Casey at (302) 531-0855
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	5 FEB
Florida Statutes, the undersigned, Incorporating Services, Ltd.	7 80
(Name of Registered Agent)	- 宝
hereby resigns as Registered Agent for LS9 PROPERTIES INC. (Name of Corporation)	410:41
F10000001418	
(Document Number, if known)	
A convertible recionation was mailed to the shove listed corneration at its last known address	C.

A copy of this resignation was mailed to the above listed corporation 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.

If signing on behalf of an entity:

Incorporating Services, Ltd. (Typed or Printed Name)

Assistant Secretary (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

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