## H16188

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
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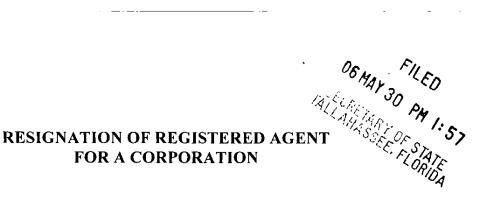
CRETARY OF STATE LAHASSEE, FLORIDA

## **COVER LETTER**

SUBJECT: HOLIHOMES OF LAKELAND, (Nam	ne of Corporation)
DOCUMENT NUMBER: H16188	
The enclosed Resignation of Registered Agent	for a Corporation and fee are submitted for filing
Please return all correspondence concerning thi	is matter to the following:
ROBERT J. BERTRAND	
(Name of Person)	
GRAY ROBINSON, P.A.	
(Name of Firm/Company)	
POST OFFICE BOX 3	
(Address)	
LAKELAND, FLORIDA 33802-0003	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
DAVID D. HALLOCK, JR.	t ( 863 <sub>)</sub> 284-2200
(Name of Person)	(Area Code & Daytime Telephone Number)

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



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ROBERT J. BERTRAND
(Name of Registered Agent)
hereby resigns as Registered Agent for HOLIHOMES OF LAKELAND, INC.
(Name of Corporation)
H16188
(Document Number, if known)
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.  (Signature of Resigning Agent)
If signing on behalf of an entity:
GRAY ROBINSON, P.A.
(Typed or Printed Name)
ATTORNEY
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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