

**L00000013735**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2010 JUL 16 AM 10:26**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**JUL 19 2010**

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L. G. Enterprises, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Melissa Barlaug

(Contact Person)

Pamela T. Karlson, P.A.

(Firm/Company)

301 Dal Hall Blvd

(Address)

Lake Placid, FL 33852

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Barlaug

(Name of Contact Person)

at ( 863 ) 465-5033

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED

2010 JUL 16 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

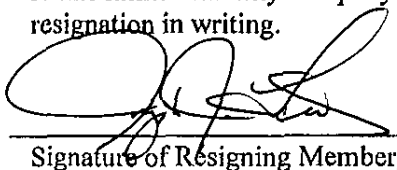
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: L. G. Enterprises, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L00000013735

4. I, Joseph J. Lach, hereby resign as a Manager  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 *(JOSEPH J. LACH, MD AS  
POWER OF ATTORNEY FOR JOSEPH J. LACH)*  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

Prepared by: DAVID F. LANIER  
Record and Return to:  
David F. Lanier  
P.O. Box 220,  
Avon Park, Fl. 33825

COPY

**DURABLE POWER OF ATTORNEY**

BY THIS DURABLE POWER OF ATTORNEY, I, JOSEPH J. LACH, ("Principal") of Highlands County, Florida, appoint as my attorney in fact to manage my affairs as indicated below, my son, JOSEPH J. LACH, M.D., whose post office address is 251 W. Bradley Dr., Chicago Heights, Illinois, 60411.

This durable power of attorney is not affected by my subsequent incapacity except as provided by Florida Statute Section 709.08, and is exercisable from the date of execution.

**1. GENERAL GRANT OF POWER**

I hereby grant to my Agent full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction, or any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which I hold a general, limited, or special power of appointment; choses in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; all as to such property now owned or hereafter acquired by me. I grant to my Agent full power and authority to do everything necessary in exercising all of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation. Except as otherwise limited by applicable law or by this durable power of attorney, my attorney in fact has full authority to perform, without prior court approval, every act, authorized and specifically enumerated in this durable power of attorney. I hereby ratify and confirm that my Agent shall lawfully have, by virtue of this durable power of attorney, the powers herein granted, including, but not limited to, the following:

a. Collect all sums of money and other property that may be payable or belonging to me, and to execute receipts, releases, cancellations or discharges.

b. Settle any account in which I have an interest and to pay or receive the balance of that account as the case may require.

c. Borrow money on such terms and with such security as my attorney may think fit and to execute all notes, mortgages and other instruments that my attorney finds necessary or desirable.

d. Draw, accept, endorse or otherwise deal with any checks or other commercial or mercantile instruments for my benefit, specifically including the right to make withdrawals from any savings account or savings and loan deposits.

e. Redeem bonds issued by the United States government or any of its agencies, any other bonds and any certificates of deposit or other similar assets belonging to me.

f. Sell bonds, shares of stock, warrants, debentures, or other assets belonging to me, and execute all assignments and other instruments necessary or proper for transferring them to the purchase or purchasers, and give good receipts and discharges for all money payable in respect to them. Also, to execute stock powers or similar documents on my behalf and delegate to a transfer agent or similar person the authority to register any stocks, bonds, or other securities either into or out of my name or nominee's name.

g. Sell, rent, lease for any term, mortgage or exchange any real estate or interest in it, including homestead property, for such considerations and upon such terms and conditions as my attorney may see fit, and execute, acknowledge and deliver all instruments conveying or encumbering title to property owned by me alone as well as any owned by me and by any other person, jointly. If I am married, the attorney in fact may not mortgage or convey my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney in fact.

#### **SPECIFIC REAL ESTATE POWERS**

The attorney in fact herein named and his/her successor(s) are all granted the authority to sell, to convey, to maintain, to mortgage or to dispose of, the following described property, and to execute any and all documents necessary to effectuate the sale and/or conveyance, and to encumber, and to dispose of, the following described real property, to wit:

and such documents shall include, but not be limited to, contracts, deeds, affidavits, bills of sale, closing statements, mortgages, notes and such other instruments as may be required to carry out the purposes herein expressed, and I, JOSEPH J. LACH hereby give and grant unto the attorney in fact named herein and his/her successor(s), said attorney, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I, JOSEPH J. LACH might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney or his/her successor(s), shall lawfully do or cause to be done by virtue hereof.

h. To represent me before the Treasury Department in connection with any matter involving any federal taxes in which I am a party, to make, sign, execute, verify and file any return required to be made under the revenue laws of the United States, or the Internal Revenue Code; or under the statutes of any state and to file any claim for refund, offer and compromise or application for closing agreement, receive refund checks, execute waivers of any period of limitation, request extensions of time, execute any waiver of restrictions on assessment for collection of any tax, and execute Petition of Appeal to the United States Tax Court.

The above powers conferred upon my attorney in fact extend to all of my right, title and interest in such property as I have described above and in which I may have an interest jointly with any other person, whether in an estate by the entirety, joint tenancy or tenancy in common.

## 2. LIMITATIONS

Notwithstanding the powers contained in this durable power of attorney, my attorney in fact may not:

- a. Perform duties under a contract that requires the exercise of my personal services;
- b. Make any affidavit as to my personal knowledge;
- c. Vote in any public election on my behalf;
- d. Execute or revoke any will or codicil on my behalf;
- e. Create, amend, modify, or revoke any document or other disposition effective at my death or transfer assets to an existing trust created by me unless expressly authorized by this power of attorney; or
- f. Exercise powers and authority granted to me as trustee or as court-appointed fiduciary.

### 3. STANDARD OF CARE

Except as otherwise provided herein, any attorney in fact named herein is a fiduciary who must observe the standard of care applicable to trustees as described in Florida Statute Section 737.302. My attorney in fact is not liable to third parties for any act pursuant to this durable power of attorney if the act was authorized at the time. If the exercise of the power is improper, my attorney in fact is liable to interested persons as described in Florida Statute Section 731.201 for damage or loss resulting from a breach of fiduciary duty by my attorney in fact to the same extent as the trustee of an express trust. If my attorney in fact has accepted appointment either expressly in writing or by acting under the power, my attorney in fact is not excused from liability for failure either to participate in the administration of assets subject to the power or for failure to attempt to prevent a breach of fiduciary obligations thereunder.

### 4. MULTIPLE ATTORNEYS IN FACT: When Joint Action Required

Unless my durable power of attorney provides otherwise;

(a) If my durable power of attorney is vested jointly in two attorneys in fact by the same instrument, concurrence of both is required on all acts in the exercise of the power.

(b) If my durable power of attorney is vested jointly in three or more attorneys in fact by the same instrument, concurrence of a majority is required in all acts in the exercise of the power.

(c) Any attorney in fact who has not concurred in the exercise of authority is not liable to me or any other person for the consequences of the exercise. A dissenting attorney in fact is not liable for the consequences of an act in which the attorney in fact joins at the direction of the majority of the joint attorneys in fact if the attorney in fact expresses such dissent in writing to any of the other joint attorneys in fact at or before the time of the joinder.

(d) Unless my durable power of attorney provides otherwise, all authority vested in multiple attorneys in fact may be exercised by the one or more that remain after the death, resignation, or incapacity of one or more of the multiple attorneys in fact.

### 5. INTERPRETATION AND GOVERNING LAW

This instrument is executed by me in the State of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

This instrument is to be construed and interpreted as a durable power of attorney as provided for in Florida Statute Section 709.08, and as a health care surrogate as provided for in Florida Statute Section 765, as these statutes may be amended from time to time. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my Agent. This instrument is executed and delivered in the State of Florida, and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions.

The above named Attorney in Fact is also designated as my Health Care Agent and I hereby grant to my health care agent named above full power and authority to make health care decisions on my behalf, including, but not limited to, the following:

- (a) To request, review and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and to consent to the disclosure of this information.
- (b) To employ or discharge my health care providers.
- (c) To consent to and authorize my admission to and discharge from a hospital, nursing or convalescent home, or other institution.
- (d) To give consent for, to withdraw consent for, or to withhold consent for, X-ray, anaesthesia, medication, surgery, and all other diagnostic and treatment procedures ordered by or under the authorization of a licensed physician, dentist or podiatrist. This authorization specifically includes the power to consent to measures for relief of pain.
- (e) To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

#### **6. THIRD PARTY RELIANCE**

(a) Any third party may rely upon the authority granted in my durable power of attorney until the third party has received notice as provided herein.

(b) Until a third party has received notice of revocation pursuant to the terms contained herein, partial or complete termination of the durable power of attorney by adjudication of incapacity, suspension by initiation of proceedings to determine incapacity, my death, or the occurrence of an event referenced in this durable power of attorney, the third party may act in reliance upon the authority granted in this durable power of attorney.



(c) Third parties who act in reliance upon the authority granted to my attorney in fact hereunder and in accordance with the instructions of the attorney in fact will be held harmless by me from any loss suffered or liability incurred as a result of actions taken prior to receipt of written notice of revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or my death. A person who acts in good faith upon any representation, direction, decision, or act of my attorney in fact is not liable to me or to my estate, beneficiaries, or joint owners for those acts.

(d) My attorney in fact is not liable for any acts or decisions made by him or her in good faith and under the terms of the durable power of attorney.

#### **7. NOTICE**

(a) A notice, including, but not limited to, a notice of revocation, partial or complete termination, suspension, or otherwise, is not effective until written notice is served upon my attorney in fact or any third persons relying upon this durable power of attorney.

(b) Notice must be in writing and served on the person or entity to be bound by such notice. Service may be by any form of mail that requires a signed receipt or by personal delivery as provided in the Florida Statutes for service of process, and must otherwise be in accordance with Florida Statute Section 709.08.

#### **8. DAMAGES AND COSTS**

In any judicial action regarding this durable power of attorney, including, but not limited to, the unreasonable refusal

of a third party to allow an attorney in fact to act pursuant to the power, and challenges to the proper exercise of authority by the attorney in fact, per statute, the prevailing party is entitled to damages and costs, including reasonable attorney's fees.

#### **9. VALIDITY**

This durable power of attorney shall be non-delegable, except as to the stock powers which may be delegated to a transfer agent per paragraph 1.f hereunder, and shall be valid until such time as I shall die, revoke the power, or shall be adjudged totally or partially incompetent by a court of competent jurisdiction. I may revoke the power only by providing written notice to my Agent. All acts of my Agent taken or done without actual knowledge of 1) my death, 2) an adjudication of my incompetency, or 3) my revocation are valid and effective, and are hereby ratified and confirmed.

**10. REVOCATION OF PRIOR INSTRUMENTS**

By this instrument I hereby revoke any power of attorney, durable or otherwise, that I may have executed prior to the date of this durable power of attorney.

I hereby confirm all acts of my attorney in fact pursuant to this power.

Any act that is done under this power between the revocation of this instrument and notice of that revocation to my attorney shall be valid unless the person claiming the benefit of the act had notice of that revocation.

IN WITNESS WHEREOF, I have set my hand and seal on this 5th day of September, 2000.

Signed and sealed in  
the presence of,

  
Witness

DAVID F. LANIER  
Avon Park, FL  
Print Name & Address

  
Witness

T.J. PUCKETT  
Sebring, FL  
Print Name & Address

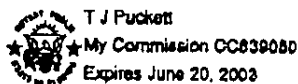
  
JOSEPH J. LACH

**STATE OF FLORIDA  
COUNTY OF HIGHLANDS**

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared JOSEPH J. LACH, Principal, personally known to me and who executed the foregoing instrument and they/he/she acknowledged before me that they/he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid, this 5th day of September, 2000.

  
Notary Public



State of Florida  
County of Highlands

7  
CERTIFIED A TRUE COPY

Sworn to and subscribed before me,

