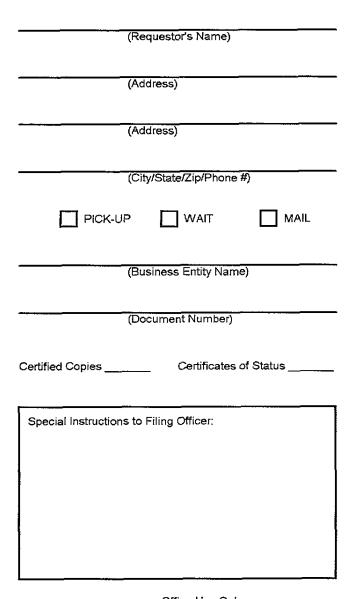
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: LAKE COUNTY ACQUISITION, IN	
	(Name of	Corporation)
DOCU	UMENT NUMBER: L02000007654	
The en	nclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
ROB	ERT J. BERTRAND	
	(Name of Person)	
GRA	Y ROBINSON, P.A.	
	(Name of Firm/Company)	
POS	T OFFICE BOX 3	
	(Address)	
LAKE	ELAND, FLORIDA 33802-0003	
	(City/State and Zip Code)	
For fur	rther information concerning this matter, pleas	se call:
DAVII	ar (863) 284-2200
	(Name of Person) (A.	rea 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 t	507.0502(2), 617.0502(2), 607.1509, or 617	7.1509,	
Florida Statutes, the undersigned, R	OBERT J. BERTRAND		
, <u> </u>	(Name of Registered Agent)		
hereby resigns as Registered Agent for	LAKE COUNTY ACQUISITION, Li	.C	
notory resigns as registered rigent for	(Name of Corporation)		
L02000007654			
(Document Number, if known)			
A copy of this resignation was mailed t	to the above listed corporation at its last kno	own address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date	on which	
prison	The		
	ignature of Resigning Agent)	***************************************	
If signing on behalf of an entity:		AF B	
GRAY ROBINSO	·	MAY I	17
	(Typed or Printed Name)		·
ATTORNEY		MIZ: 20	
	(Capacity)	> 01	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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