

L03000022276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

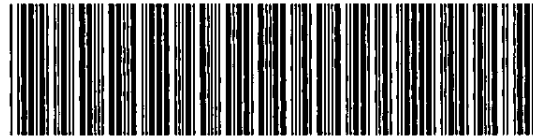
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 25 PM 12:20

MAY 29 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alico Lakeside, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000022276

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas F. Kiesel, Esq.
Name of Person

Thomas F. Kiesel, Attorney at Law
Name of Firm/Company

P.O. Drawer 1000
Address

Fort Myers, FL 33901
City/State and Zip Code

tfkiesel@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franz Rosinus at (239) 949-0990
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Thomas F. Kiesel, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for

Alico Lakeside, LLC

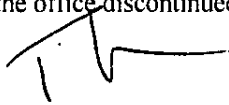
Name of Limited Liability Company

L03000022276

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

THOMAS F. KIESEL

Typed or Printed Name

REGISTERED AGENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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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