

L03000028717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**A. LUNT**

APR - 4 2010

**EXAMINER**

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02/18/11--01007--026 \*\*185.00

FILED  
2011 APR - 1 PM 1:30  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2011

ANTHONY RUBEN  
504 SPINGCREEK DR.  
LONGWOOD, FL 32779

SUBJECT: LAKE TRACY, LLC  
Ref. Number: L03000028717

2011 APR -1 PM 1:39  
TALLAHASSEE, FL 32314

FILED

We have received your document for LAKE TRACY, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 611A00004387

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake Tracy, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 200129542 403000028717

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:

Larry Williams  
Name of Person

L  
Name of Firm/Company

1085 Morse Blvd.  
Address

Winter Park, FL 32789  
City/State and Zip Code

larrywilliams127@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Williams at ( 407 ) 448-8281  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2011 APR -1 PM 1:30  
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,

Anthony Ruben

Name of Registered Agent

, hereby resigns as

Registered Agent for

Lake Tracy, LLC

Name of Limited Liability Company

L03000028717

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **FILING FEES:**

|          |  |
|----------|--|
| \$ 85.00 | Active limited liability company   |
| \$ 25.00 | Administratively dissolved/voluntarily dissolved/<br>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**

FILED  
2011 APR -1 PM 1:30  
TALLAHASSEE, FL 32314