

L05000052742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900196222749

03/04/11--01007--026 **25.00

FILED
11 MAR -4 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 7 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Country Development, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000052742

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:

Daniel O'Hair
Name of Person

W280 N3507 Taylors Woods Road
Name of Firm/Company

Pewaukee, WI 53072 or
Address

626 E. Kilbourn Ave., Apt 2201
City/State and Zip Code

Milwaukee, WI 53202
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel O'Hair at (414) 649-3990
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
11 MAR -4 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

David Leigh

Name of Registered Agent

, hereby resigns as

Registered Agent for Lake Country Development, LLC

Name of Limited Liability Company

L05000052742

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.

David E Leigh

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
11 MAR -4 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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