

LOS 000055759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800105909018

07/16/07--01011--006 **25.00

AL
FILED
2007 JUL 16 P 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LPA Group 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:

Clifford Laude
(Contact Person)

LPA Group LLC
(Firm/Company)

5133 Anclote River St.
(Address)

Wesley Chapel, FL 33544
(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford Laude at (813) 495-1438
(Name of Contact Person) (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
Citron Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. BOX 6227
Tallahassee, Florida 32314

FILED
2007 JUL 16 P 2:52
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: LPA Group LLC

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

Florida Article of Organization

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

LO5000055759

4. I, Jean-Marie N. Duplan, 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.

Signature of Resigning Member, Managing Member or Manager

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

FILED
2007 JUL 16 P 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA