106000070553

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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•		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
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CA: 9-24

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Resignation of Daniel G. Ott as Registered Agent (Name of Limited Liability Company) DOCUMENT NUMBER: L06000070553		
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:		
Keith Duffy		
(Name of Person)		
Lake O Partners, LLC		
(Name of Firm/Company)		
21707 San Simeon Circle		
(Address)		
Boca Raton, FL 33433		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Keith Duffy at (561) 756-1073 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
England in a shark made marsh to the Florida Denominant of State for \$95.00 for an active limited		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, l	Florida Statutes, the undersigned,	
Daniel G. Ott	, hereby resigns as	
(Name of Registered Agent)		
Registered Agent for LAKE O PARTNERS,	LLC	
(Name of Limited Liability Cor	npany)	
L06000070553	PI 08 SEP 2: SECRETAR ALLI AHASS	
(Document Number, if known)	TARY ASSE	
A copy of this resignation was mailed to the above listed limi	ted liability company at its last known addess.	
The agency is terminated and the office discontinued on the 3	1st day after the date on which this statement is filed	
(Signature of Resi	gning Agent)	
If signing on behalf of an entity:		
(Typed or Printed Na	me)	
(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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