

207 000076241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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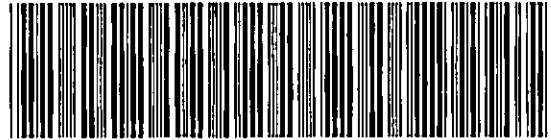
(Business Entity Name)

(Document Number)

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2021 APR 23 AM 2:45
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE HOUSE INVESTMENTS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.07000076241

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:

BARBARA M. PIZZOLATO

Name of Person

BARBARA M. PIZZOLATO, PA

Name of Firm/Company

12751 NEW BRITTANY BLVD., STE 402

Address

FORT MYERS, FL 33907

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA M. PIZZOLATO

Name of Person

239

Area Code

225-7911

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BARBARA M. PIZZOLATO, PA _____, hereby resigns as

Name of Registered Agent

Registered Agent for LAKE HOUSE INVESTMENTS, LLC _____

Name of Limited Liability Company

L07000076241 _____

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:

BARBARA M. PIZZOLATO _____

Typed or Printed Name

PRESIDENT _____

Capacity

FILING FEES:

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withdrawn limited liability company

2021 APR 23 AM 2:45
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314