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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L0800009880

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lee.Bennett@gray-robinson.com

**LLC REGISTERED AGENT RESIGNATION
LAKESIDE PROFESSIONALS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

C. SIMMONS
MAR 03 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeside Professionals, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000091880

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:

R. Lee Bennett
Name of Person
Gray Robinson, PA
Name of Firm/Company
301 E. Pine Street, Suite 1400
Address
Orlando, FL 32801
City/State and Zip Code
lee.bennett@gray-robinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Lee Bennett at (407) 843-8880
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Michael B. Carrier, hereby resigns as

Name of Registered Agent

Registered Agent for Lakeside Professionals, LLC

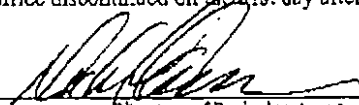
Name of Limited Liability Company

L08000091880

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 1st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

N/A

Typed or Printed Name

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

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TALLAHASSEE, FL

FILED