

Mar. 12. 2020 3:05PM

GRAY ROBINSON

No. 11925

3/12/2020

Division of Corporations

H20000082647 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : 120010000078  
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 AMND/RESTATE/CORRECT OR M/MG RESIGN

LAKESIDE PROFESSIONALS LLC

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Y. SULKER

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## AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Lakeside Professionals LLCSECOND: The Florida Document number of the limited liability company is: L08000091880

THIRD: The street address of the limited liability company's principal office is:

2664 Jewett LaneSanford, FL 32771

The mailing address of the limited liability company's principal office is:

2664 Jewett LaneSanford, FL 32771FOURTH: The date the statement of authority became effective is: May 6, 2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A  
Signature of authorized representativeDavid P. Carrier

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

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2020 MAR 12 PM 4:56  
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