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J. SAULSBERRY EXAMINER

MAR 21 2012

COVER LETTER

,			
SUBJECT: <u>La heview Property Managemen</u> Name of Limited Liability Company	<u>+, L</u>	<u>.</u>	
DOCUMENT NUMBER: <u>L//000050037</u>			
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	i fee are	submi	tted
Please return all correspondence concerning this matter to the following:			
Jeffery B. Boxx Name of Person			
Name of Firm/Company	TAL	201	
1880 N. Congress Ave #302	CRETAR	2012 MAR 19	
Pounton Beach, FL 33426 City/State and Zip Code	OF STA	£ ₽	in C
E-mail address: (to be used for future annual report notification)	NO.	%	
For further information concerning this matter, please call:			
Keuin Mucet at (415) 939-1735 Name of Person Area Code & Daytime Telephone Nu	- ımber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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, Florida Statutes, the undersigned,
Chent Martin , hereby resigns as
Registered Agent for Lakeview Property Management, LC.
Name of Limited Liability Company
L)1000050037 Document Number, if known A copy of this regionation was poiled to the shows listed limited liability company at its last known address
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 Signature of Resigning Agent ALS ARR Typed or Printed Name President Capacity Capacity
DE 2

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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