

L14 000096431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

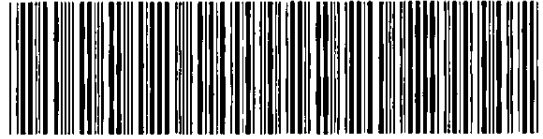
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lilly's On THE Lake
Name of Limited Liability Company

DOCUMENT NUMBER: L14000096431

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:

ERIK STROM / VERNEKA STROM
Name of Person

Name of Firm/Company

846 W. Osceola St.
Address

Clermont FL 34711
City/State and Zip Code

verneka@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Kaba at (352) 243-8460
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

KABA CONSULTING INC. hereby resigns as
Name of Registered Agent

Registered Agent for Lilly's on THE LAKE
Name of Limited Liability Company

L14000096431
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.

Kaba Consulting Inc.
Signature of Resigning Agent

If signing on behalf of an entity:

Alejandro Kaba
Typed or Printed Name
owner
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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