

L16000078991

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
HARRISBURG, PA



BOYETTE
CUMMINS
& NAILOS
ATTORNEYS AT LAW

MICHELLE C. BOTTEN
K. WADE BOYETTE, JR.
KENNETH B. COSTELLO
NORMAN C. CUMMINS
HEATH B. NAILOS
KRISTIN CUMMINS NAILOS

October 17, 2023

Via Certified Return Receipt
7020 3160 0001 6051 0598

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

Re: Lake Medical Properties, LLC
Resignation of Registered Agent

Dear Sir or Madam,

Please find enclosed Statement of Resignation of Registered Agent for a Limited Liability Company together with my firm's check in the amount of \$85.00. A copy of the Statement of Resignation has been provided to the current Manager, Davian Santana, of Lake Medical Properties, LLC at 3705 South Highway 27, Suite 201, Clermont, FL 34711.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

Very truly yours,

K. Wade Boyette, Jr.

K. Wade Boyette, Jr.

KWB/paw
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE MEDICAL PROPERTIES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000078991

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:

WADE BOYETTE
Name of Person

BOYETTE, CUMMINS AND NAILOS, PLLC
Name of Firm/Company

1635 E. HIGHWAY 50, SUITE 300
Address

CLERMONT, FL 34711
City/State and Zip Code

WBOYETTE@BCNLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WADE BOYETTE at (352) 394-2103
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

WADE BOYETTE _____, hereby resigns as

Name of Registered Agent

Registered Agent for LAKE MEDICAL PROPERTIES, LLC

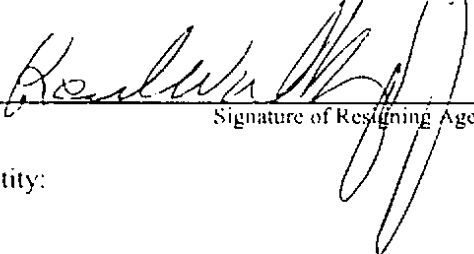
Name of Limited Liability Company

L16000078991

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:

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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