

L170000075090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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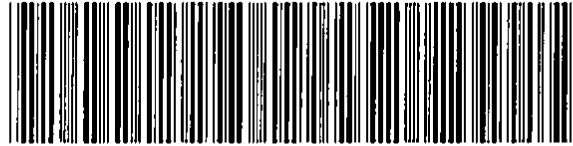
(Business Entity Name)

(Document Number)

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TULSA, OKLAHOMA

Ra Resignation

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKEPAR INVESEMTNS. LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000075090

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:

ALVARO CASTILLO

Name of Person

CASTILLO & ASSOCIATES

Name of Firm/Company

1390 BRICKELL AVENUE, SUITE 200

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

alvaro@alvarocastillopa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro Castillo at (305) 371-5540

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ALVARO CASTILLO B., P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for

LAKEPAR INVESTMENTS, LLC

Name of Limited Liability Company

L17000075090

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:

ALVARO CASTILLO

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
2023 NOV -8 PM 1:41
STATE OF FLORIDA
TALLAHASSEE

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