

LIF 0000 75701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

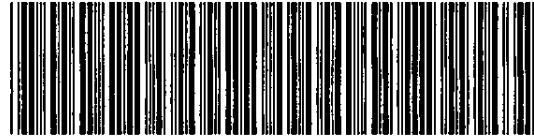
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Inn LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Keith R Johnson

(Contact Person)

Lake Inn LLC

(Firm/Company)

3691 SR 580 W Ste H

(Address)

Oldsmar, FL 34677

(City/State and Zip Code)

For further information concerning this matter, please call:

Keith Johnson

(Name of Contact Person)

at (813) 814-0358

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Lake Inn LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L18000075701.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/17/2018
4. I, Robert L Vandersteeg, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

RESIGNATION

I, **Robert Vandersteeg**, the undersigned, do hereby resign as an Officer, Director, and Managing Member of **Lake Inn LLC**, a Florida Limited Liability Company, as of this date.

Dated on this 30th day of March, 2018


ROBERT VANDERSTEEG

**STATE OF FLORIDA
COUNTY OF ORANGE**

The foregoing Instrument was acknowledged before me this 30th day of March, 2018, by **ROBERT VANDERSTEEG**, who is personally known or who has produced FL Dk as identification and who did take an oath.

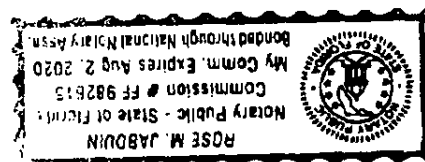
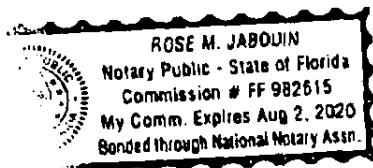
NOTARY PUBLIC

sign 

Print Rose M. Jabouin

State of **FLORIDA AT LARGE**

My Commission Expires: _____



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA