# L21000182365

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (44                     | dress)             |           |
| (///                    | uic <i>ss</i> ,    |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | MAIT               | MAIL      |
| (D)                     | usiness Entity Nan | ne)       |
| JOJ                     | isiness Chury Ivan | ne)       |
| (Dx                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer     |           |
| opedial instructions to | , ming amoun       |           |
|                         |                    |           |
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|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



800407514248

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

|            |                | ACCOUNT                               | NO.   | :   | 1200000  | 00195   |         |           |  |
|------------|----------------|---------------------------------------|-------|-----|----------|---------|---------|-----------|--|
|            |                | REFERI                                | ENCE  | :   | 792634   | 83      | 23810   |           |  |
|            |                | AUTHORIZA                             | rion  | :   | Soile    | Selen   | nA.     | ,         |  |
|            |                | COST L                                | IMIT  | :   | \$ 85.00 | )       |         |           |  |
|            | <b></b>        |                                       |       |     |          |         |         |           |  |
| ORDER 1    | DATE :         | June 5, 2021                          | 3     |     |          |         |         |           |  |
| ORDER '    | TIME :         | 9:55 AM                               |       |     |          |         |         |           |  |
| ORDER 1    | : , O <i>V</i> | 792634-005                            |       |     |          |         |         |           |  |
| CUSTOM     | ER NO:         | 8323810                               |       |     |          |         |         |           |  |
| <b>-</b> - | <b></b>        |                                       |       |     |          |         | <b></b> | - <b></b> |  |
|            |                | CHANGE                                | OF AG | ENT | 1        |         |         |           |  |
|            |                | · · · · · · · · · · · · · · · · · · · |       |     | •        |         |         |           |  |
|            |                |                                       |       |     |          |         |         |           |  |
|            | NAME:          | LAKESIDE                              | EDX,  | LLC |          |         |         |           |  |
|            |                |                                       |       |     |          |         |         |           |  |
|            |                |                                       |       |     |          |         |         |           |  |
| PLEASE     | RETURN         | THE FOLLOWIN                          | NG AS | PRO | OF OF F  | TILING: |         |           |  |
|            |                | FIED COPY                             | _     |     |          |         |         |           |  |
| <u>XX</u>  | _ PLAIN        | STAMPED COPY                          | (     |     |          |         |         |           |  |
|            |                |                                       |       |     |          |         |         |           |  |

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

### **COVER LETTER**

| SUBJECT: Nam                                       | e of Limited Liab      | ility Company                                |
|--|------------------------|--|
| DOCUMENT NUMBER: L21000182365                      | 5                      |  |
| The enclosed Resignation of Registered for filing. | Agent for a Lim        | ited Liability Company and fee are submitted |
| Please return all correspondence concern           | ning this matter       | to the following:                            |
| RESIGNATIONS DEPARTMENT                            |                        |  |
| Name of Person                                     |                        | <del></del>                                  |
| CORPORATION SERVICE COMPANY                        |                        |  |
| Name of Firm/Compan                                | <del>y</del>           | <del></del>                                  |
| 251 LITTLE FALLS DRIVE                             |                        |  |
| Address  |                        | <del></del>                                  |
| WILMINGTON, DE 19808                               |                        |  |
| City/State and Zip Code                            | e                      | <del></del>                                  |
| ANNUALREPORTS@CSCGLOBAL.COM                        |                        |  |
| E-mail address: (to be used for future annu        | al report notification | n)   |
| For further information concerning this            | matter, please ca      | dl:  |
| RESIGNATION DEPT                                   | 800                    | 927-9801                                     |
| Name of Person                                     | Area Co                | 927-9801<br>ode Daytime Telephone Number     |

#### **Mailing Address:**

**TO:** Registration Section Division of Corporations

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 provision            | s of section 605.011     | 5, Florida Statutes, the u  | .mdersigned,   |  |
|--------------------------------------|--------------------------|---|--|--|
| CORPORATION SERVICE COMPANY . hereby |                          | hereby resigns a  | 15   |  |
|                                      | Name of Registered Age   |   |  |  |
| Registered Agent for Lal             | ceside Edx. LLC          |   |  |  |
|                                      | Name of Lir              | nited Liability Company   |  | ·  |
| L21000182365                         |                          |   |  |  |
| Document Nur                         | nber, if known           | <del></del>   |  |  |
| A copy of this resignation           | n was mailed to the      | above listed limited liabi  | ility company at its las                                 | st known address.                                  |
| The agency is terminated             |                          | -   |  | h this statement is filed.                         |
|                                      | alixai                   | Wuland-Signature of Resigning Ag  | , Aup  |  |
|                                      |                          | Signature of Resigning Ag   | gent   |  |
| If signing on behalf of an           | entity:                  |   |  | *~3  |
|                                      | BY ALEXXIS WEI           | LAND-SORENSON   |  | - C  |
|                                      |                          | Typed or Printed Name   |  | 1  |
|                                      | ASSISTANT VICE PRESIDENT |   |  |  |
|                                      |                          | Capacity  |  |  |
|                                      |                          |   |  |  |
|                                      | FILING                   | FEES:   | •  | 114 PH 2:44  114 PH 2:44  115 PH 2:44  115 PH 2:44 |
|                                      | \$ 85.00<br>\$ 25.00     | Active limited liabilit<br>Administratively diss<br>withdrawn limited lia | ty company<br>solved/ voluntarily dis<br>ability company | solved/  |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314