

L22000181378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

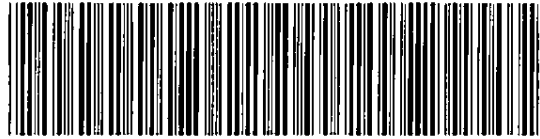
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JAN 24 AM 11:03

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Ra Resignation

FEB 22 2025

T. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1020 Lakeland, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000181378

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:

Courtney Villanueva

Name of Person

Main Street Business Services

Name of Firm/Company

1883 W Royal Hunte Dr Ste 200

Address

Cedar City, UT 84720

City/State and Zip Code

courtney@mainstreetbusiness.com

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

For further information concerning this matter, please call:

Courtney Villanueva

at (435) 288-0922 ext 003
Area Code Daytime Telephone Number

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2025 JUN 21 4:11:03
JUN 21 2025

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Solutions, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for 1020 Lakeland, LLC _____

Name of Limited Liability Company

L22000481378 _____

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:

Brian Smith _____

Typed or Printed Name

Assistant Secretary, Registered Agent Solutions, Inc. _____

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

FILED
2025 JAN 26 AM 11:09