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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I200500000052 Phone : (850)656-7956 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION THREE LAKES RV PARK, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THREE LAKES RV PARK, LLC Name of Limites DOCUMENT NUMBER: M06000003850	I Liability Company	
for filing.	a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this m	atter to the following:	
Name of Person		
INCORPORATING SERVICES, LTD.		
Name of Firm/Company		
3500 SOUTH DUPONT HIGHWAY		
Address		
DOVER, DE 19901		
City/State and Zip Code		
aarchambault@incserv.com		
E-mail address: (to be used for future annual report not		
For further information concerning this matter, ple	ase call:	
at (00 346-4646	
Name of Person A	rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
- 10. 500 0001		

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		; · ,	4.0
			是生力
Pursuant to the provisions of se	ection 605.0115, Florida Statutes, the	undersigned,	題るド
INCORPORATING SER	VICES, LTD.	, hereby resigns as	BE OF IT
Name of Registered Agent		, nereby resigns as	一類のまし
Registered Agent for THREE	LAKES RV PARK, LLC		100
			10000000000000000000000000000000000000
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————
M06000003850			
Document Number, if	known		
A copy of this resignation was	mailed to the above listed limited lia	bility company at its last kn	own address.
The agency is terminated and t	he office discontinued on the 31st da	y after the date on which th	is statement is filed.
	Signature of Resigning A	Agent	
If signing on behalf of an entit	y:		
	Amy Balke		
	Typed or Printed Name		
	ASSISTANT SECRETA	ARY	
	Capacity		

\$ 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