## N03000009453

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

Division of Corporations			
SUBJECT: LAKE CHARM COU	NTRY ESTATES HOA, INC		
	(Name of Corporation)		
DOCUMENT NUMBER: N0300	00009453		
The enclosed Resignation of Register	ered Agent for a Corporation and fee are submitted for filing.		
Please return all correspondence cor	ncerning this matter to the following:		
RAKESH SHARMA			
(Name of Perso	on)		
PALMERSTON, LLC			
(Name of Firm/Cor	mpany)		
5200 VINELAND ROAD, SUITE	210		
(Address)	· · · · · · · · · · · · · · · · · · ·		
ORLANDO, FLORIDA 32811			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
RAKESH SHARMA	at ( 407 ) 529-3359 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

CR2E046(08/05)

TO: Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2),	617.050 <b>2</b> (2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, RAKESH SH	(Name of Registered Agent)
hereby resigns as Registered Agent for LAKE CH	HARM COUNTRY ESTATES HOA, INC (Name of Corporation)
N03000009453	
(Document Number, if known)	
A copy of this resignation was mailed to the above  The agency is terminated and the office discontinue this statement is filed.  (Signature of Res	ed on the 31st day after the date on Which APR -5 APR
it signing on benait of an entity:	A
RAKESH SHARMA	
(Typed or Prin	ted Name)
OWNER MANAGER	
(Capac	ity)

## Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

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