

106 00000 2660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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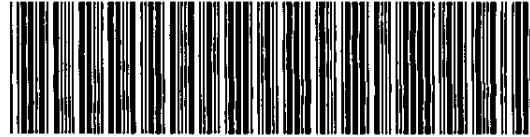
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

13 OCT 25 PM 5:00

FILED

RA  
Resign.

10/30/13

PC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lakeside Place Condominiums, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000002660

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Selivanoff, President  
(Name of Person)

Lakeside Place Condominiums, Inc.  
(Name of Firm/Company)

201 S. Lakeside Drive #12  
(Address)

Lake Worth, FL 33460  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Burr at ( 561 ) 655-8994  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, St. John Rossin, Burr & Lemme, PLLC

(Name of Registered Agent)

hereby resigns as Registered Agent for LAKE SIDE PLACE CONDOMINIUMS, Inc.

(Name of Corporation)

N06000002660

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Robert B. Burr

(Signature of Resigning Agent)

Robert B. Burr

If signing on behalf of an entity:

St. John Rossin, Burr & Lemme, PLLC

(Typed or Printed Name)

partner of firm

(Capacity)

FILED  
13 OCT 25 PM 5:00  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**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**