PEIPOOOOON

(Requ	uestor's Name)	<u> </u>	
(Addı	ress)		
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(City/	State/Zip/Phone	e #)	
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Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations		
Lehigh Mini Warehouse Condomi SUBJECT:		
	(Name of Corpo	ration)
DOCUMENT NUMBER: N06000009129		
The enclosed Resignation of Registered	Agent for a Corp	oration and fee are submitted for filing
Please return all correspondence concern	ning this matter to	o the following:
Julie Anne Hollingsworth		
(Name of Person)		<u> </u>
(Name of Firm/Compar	ıy)	·· ·
420 Lee Blvd		
(Address)		
Lehigh Acres,		
(City/State and Zip Cod	le)	_
For further information concerning this r	matter, please call	1:
Kenneth Thompson	239 at (369-5664) ode & Daytime Telephone Number)
(Name of Person)	(Area Co	de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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