

05/05/2016 11:16

352-751-4993

MCLIN BURNSED LSL

PAGE 01/03

5/5/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MCLIN & BURNSED P.A.
Account Number : 104657003604
Phone : (352)753-4690
Fax Number : (352)751-4993

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

Email Address: megm@mclinburnsed.com

REGISTERED AGENT RESIGNATION
LADY LAKE PROFESSIONAL PLAZA SUITES CONDOMINIUM
OWNE

Certificate of Status	1
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Page Count	03
Estimated Charge	\$96.25

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PA Resign

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lady Lake Professional Plaza Suites Condominium Owners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N10000010091

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:

Joseph Sahab

(Name of Person)

Lady Lake Professional Plaza Suites Condominium Owners Association, Inc.

(Name of Firm/Company)

9622 Wedgewood Lane

(Address)

Leesburg, FL 34788

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, Brian D. Hudson

(Name of Registered Agent)

hereby resigns as Registered Agent for

Lady Lake Professional Plaza Suites Condominium Owners Association, Inc.

(Name of Corporation)

N10000010091

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
16 MAY -5 AM 9:23
TALLAHASSEE, FLORIDA**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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