Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

Account Number Phone

: <u>(941)748-010</u>0

Fax Number

(941)745-2093

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

Email Address: Epennington a blalockwalters-com

REGISTERED AGENT RESIGNATION LAMP POST PLACE COMMUNITY ASSOCIATION, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Amendment Section Division of Corporations

MIN DEC 20 PM 4: 50 LAMP POST PLACE COMMUNITY ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N97000002249 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: Annie Breitinger (Name of Person) Blalock Walters, P.A. (Name of Firm/Company) 802 11th Street West (Address) Bradenton, Florida (City/State and Zip Code) For further information concerning this matter, please call: Annie Breitinger

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Blalock, Landers, Walters & Vogler, P.A.

(Name of Registered Agent)

(Name of Corporation)

N97000002249

(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:

Clifford Walters
(Typed or Printed Name)

Director
(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