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(Requestor's Name)						
(Address)						
(Addiess)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE ALLEANASSEE, FIRBIA

FILED

COVER LETTER

TO:	Division	ent Section of Corporat	tions						
SUBJI	ECT:	Lakew	oo d	Pool (Name	Suppl of Corporation	on)	Drc.		_
DOCU	MENT N	NUMBER:_							_
The en	closed Re	signation of	f Registere	ed Agent fo	r a Corpora	ition a	nd fee are s	ubmitted fo	r filing.
Please	return all	correspond	ence conc	erning this	matter to th	e follo	owing:		
<u> </u>	uchan	(Name	e of Person	<u>s</u> t					
		(Name of	Firm/Comp	oany)					
450	59 r	3ee P	adae	RA.	Unit	D-			
5	24as	(City/State	P(and Zip C	34 ode)	233				
		mation cond							
Aich	and 1	D. AU Name of Per	son)	at ((Area Code	3 & Day	77- 6 3 time Teleph	≥_6] one Number	,

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation of \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 613	7.1509,	
Florida Statutes, the undersigned, Richard D. Allerrice (Name of Registered Agent)	38	
hereby resigns as Registered Agent for La Kewood Roll Sondy	Inc.	
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kn 1031 Pine Lily Poce, Braden on the 31st day after the day this statement is filed. (Signature of Resigning Agent)	\sim	
If signing on behalf of an entity:	2009 FEB 26 SEGRETAR TALLEATIASS	Market Co.
(Typed or Printed Name)	RY OF STATE	MO
(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withdrawn corporation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