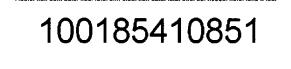
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| € | / | |
|-------------------------|------------------------|----------|
| (R | tequestor's Name) | |
| · (A | ddress) | |
| (A | ddress) | |
| | | |
| (C | city/State/Zip/Phone # | 5) |
| PICK-UP | ☐ WAIT | MAIL |
| . (B | dusiness Entity Name |) |
| (D | Ocument Number) | |
| Certified Copies | | f Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TALLAHASSEE, FLORID

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Lady Lake Hospitality, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P04000097645 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Nancy P. Steinmetz |
| (Name of Person) |
| Lady Lake Hospitality, Inc. |
| (Name of Firm/Company) |
| P. O. Box 250 |
| (Address) |
| Lady Lake, FL 32158 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Nancy Steinmetz at (352) 753-9009 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| 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 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| | • |
|--------------|----------|
| - 5 | <i>.</i> |
| 10.500 | LED |
| TALLAHASSEE | Abs. |
| ALLAHASEL | AH 11:59 |
| · | FLORIS |
| rv/Treasurer | "UA |

| _T Sheila Rodriguez | , hereby resign as | Secretary/Treasurer | 110, |
|--|------------------------------|------------------------------|------|
| | , noteey toolgit do_ | (Title) | ` |
| of Lady Lake Hospitality, Inc. | | | _ |
| | ame of Corporation) | | —, |
| P04000097645 (Document Number, if known) | , a corporation organized un | der the laws of the State of | |
| Florida | | | |

(Signature of resigning officer/director

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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