4000125345

| (Requestor's Name) | | | |
|---|----------------|-----------|--|
| (Address) | | | |
| (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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| | | | |

Office Use Only



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NOV - 3 2010

COVER LETTER

SUBJECT: Lake RM X, Inc.

(Name of Corporation)

DOCUMENT NUMBER: PO 4000 125345

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

2754 Dova Ave

(Address)

Tavally Fa 3278

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Street Address:

TO:

Amendment Section Division of Corporations

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ZOIO NOV - 1 PM P: 29
TALLAHASSEE. FLORIDA

| I, Leigh Ann Pippin, hereb | by resign as (Title) |
|--|---|
| of Lakermx, Inc. (Name of Corporation) | * |
| P0400025345, a corporation o | rganized under the laws of the State of |
| <u> </u> | |

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