

PO 000033229

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

Account Name : PHILIP S. KAPROW, P.A.
Account Number : I20070000102
Phone : (407) 971-8460
Fax Number : (407) 971-8461

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

LAKE SUITES HOTEL, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKE SUITES HOTEL, INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000033229

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

PHILIP S. KAPROW

(Name of Person)

PHILIP S. KAPROW, P.A.

(Name of Firm/Company)

P.O. BOX 195516

(Address)

WINTER SPRINGS, FL 32719-5516

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP S. KAPROW at (407) 971-8460

(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

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10/12/2007 00:21 #017 P.002

From:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 OCT 12 PM 2:56


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PHILIP S. KAPROW, hereby resign as PSTD
(Title)

of LAKE SUITES HOTEL, INC.
(Name of Corporation)

P08000033229, a corporation organized under the laws of the State of
(Document Number, if known)

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

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10/12/2007 00:22 #017 P.008

From: