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Fax Number . : (850)617-6380

Account Name : PHILIP S. KAPROW, P.A.

Account Number: I20070000102 Phone : (407)971-8460 Fax Number : (407)971-8461

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: P0600	0033229
The enclosed Officer/Director Resigna	ation for a Corporation and fee are submitted for filing
Please return all correspondence conce	erning this matter to the following:
PHILIP S. KAPROW	
(Name of Person)
PHILIP S. KAPROW, P.A.	
(Name of Firm/Com	pany)
P.O. BOX 195516	
(Address)	
WINTER SPRINGS, FL 32719-55	
(City/State and Zip C	Code)
For further information concerning thi	s matter, please call:
PHILIP S. KAPROW	at (407) 971-8460 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

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FILED 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)
P06000033229 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
Mela	•
- 185 85 · (S	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