

P07000127784

(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:

Office Use Only



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02/01/11--01006--021 \*\*105.00

02/02/11--01005--008 \*\*52.50

RECEIVED  
11 FEB - 1 AM 11:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

R-A Resign  
C. COULLETTE

FEB 02 2011

EXAMINER

FILED  
11 FEB - 1 AM 11:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2011

NRAI CORPORATE SERVICES  
2731 EXECUTIVE PARK DR  
STE 4  
WESTON, FL 33331

SUBJECT: LP PROJECT CORPORATION  
Ref. Number: P07000127784

We have received your document for LP PROJECT CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 511A00002702

Can the return cover letter from the state use this address:

NRAI Corporate Services  
2731 Executive Park Drive, Suite 4  
Weston, Florida 33331

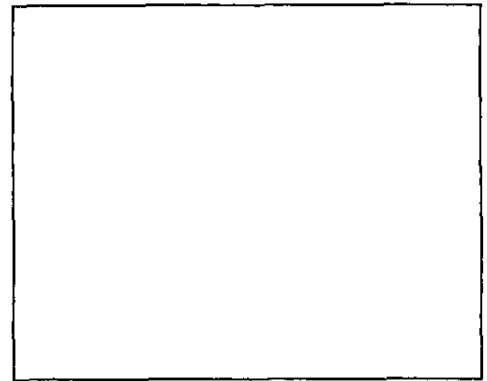
& RETURN TO :

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)656-6446

RECEIVED  
11 FEB -1 AM 11:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILE 380

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

LP PROJECT CORPORATION

CK# 5023 FOR \$105.00 (\$35.00 for this filing)

PLEASE FILE THE ATTACHED R/A RESIGNATION & RETURN THE  
FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LP PROJECT CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000127784

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TLS

(Name of Person)

NRAI

(Name of Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4

(Address)

WESTON, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

TLS

(Name of Person)

at ( 954 ) 318-2787

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

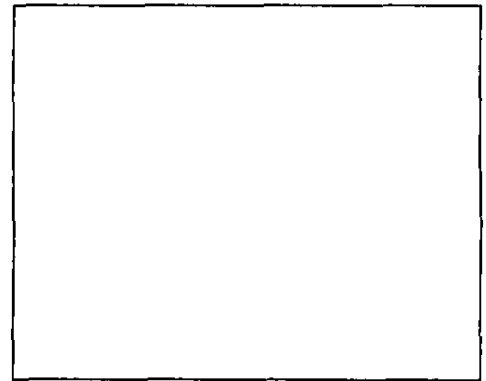
**Street Address:**

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

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

\*\*\*PLEASE RETAIN ORIGINAL  
SUBMISSION DATE 2-1-11

LP PROJECT CORPORATION

CK# 5024 FOR \$52.50

PLEASE FILE THE ATTACHED R/A RESIGNATION & RETURN THE  
FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11 FEB -2 AM 9:25

RECEIVED

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, NRAI SERVICES, INC

(Name of Registered Agent)

hereby resigns as Registered Agent for LP PROJECT CORPORATION

(Name of Corporation)

P07000127784

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

TONY SMITH

(Typed or Printed Name)

ASST. SEC.

(Capacity)

Fee for filing this document:

\$87.50 Active Corporation

\$35.00 Administratively dissolved/vol  
withdrawn corporation

Make checks payable to Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Active Corp  
\$87.50  
ATTN: CHERYL  
COULLETTE