## ~P990000049444

(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



500225757115

03/22/12--01023--007 \*\*87.50

12 MAR 22 AM 9: 83

SKOLLVAGUS 40. NO. SKAT

Res 123/12

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
	•	Name of Alien Business	Florida Corporation Organization)
DOCU	MENT NUMBER: P990	00049444	
	iclosed Resignation of Regist ted for filing.	tered Agent for an Alie	n Business Organization and fees are
Please	return all correspondence co	ncerning this matter to	the following:
Carri	ie E. Lademan, Esqui		_
Woo	dward, Pires & Lomb (Name of Firm/Co		_
3200	Tamiami Trail North (Address)	, Suite 200	<del>_</del>
Napl	es, FL 34103 (City/State and Zi	p Code)	
For fur	ther information concerning	this matter, please call	:
Carri	e E. Lademan (Name of Person)	at ( 239 (Area Co	649-6555 de & Daytime Telephone Number)
Enclos <b>√</b> \$87.:	ed is a check made payable to 50 Filing fee	o the Florida Departme  ☐\$140.00 (\$87.50 Fili	ent of State for:
Registr Divisio P.O. B	g Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	er Circle



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# TAMP 22 MA S. C.

### RESIGNATION OF REGISTERED AGENT FOR AN ALIEN BUSINESS ORGANIZATION

Pursuant to the pr	ovisions of section 607.0502(2) Florida Statutes,
the undersigned.	Carrie E. Lademan, Esquire
<del></del>	(Name of Registered Agent)
hereby resigns as	Registered Agent for Lani D. Designs, Inc.  (Name of Alien Business Organization)
(Document	Number, if known)
A copy of this reknown address.	signation was mailed to the above listed alien business organization at its last
The agency is tern this statement is f	(Signature of Resigning Agent)
ir signing on benz	in or an entity.
-	(Typed or Printed Name)
_	(Capacity)

Filing Fee: \$87.50 Certified Copy: \$52.50

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314