725626

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT -	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

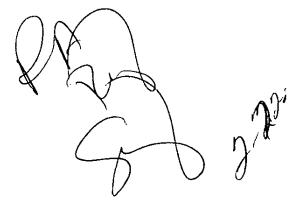
Office Use Only



500244557715

02/22/13--01023--026 **87.50





COVER LETTER

O: Amendment Section Division of Corporations	
Leased Housing Corporation, Inc.	
(Name of Corporation) OCUMENT NUMBER: 725626	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fill	ing.
lease return all correspondence concerning this matter to the following:	
Elaine Johnson James (Name of Person)	
Berger Singerman LLP (Name of Firm/Company)	
2650 North Military Trail, Ste. 240 (Address)	
Boca Raton, FL 33431 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Elaine Johnson James at (561) 893-8712 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.050		
Florida Statutes, the undersigned, Elaine Johnson Jan	mes	
(Name	of Registered Agent)	
hereby resigns as Registered Agent for Leased Hou	sing Corporation, Inc.	
(Name of Corporation)		
725626		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed co	orporation at its last known address.	
The agency is terminated and the office discontinued on the this statement is filed.	e 31st day after the date on which	
- Claime Johnson	James	
(Signature of Resigning &	7 13 13 14	
(Typed or Printed Name	e)	
(Capacity)	高克 ·	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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