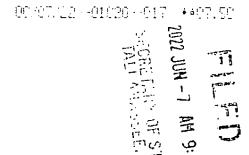
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(Requestor's Na	me)
(Address)	-
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(City/State/Zip/F	Phone #)
PICK-UP WAF	T MAIL
(Business Entity	(Name)
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COVER LETTER

FO: Amendment Section Division of Corporations
SUBJECT: Lake Burden Neighborhood Association, Inc
(Name of Corporation)
DOCUMENT NUMBER: N04000001247
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Lisa Weathers
(Name of Person)
Leland Management, Inc.
(Name of Firm/Company)
6972 Lake Gloria Blvd.
(Address)
Orlando FL, 32809
(City/State and Zip Code)
For further information concerning this matter, please call:
Sheraz Malik at (407) 901-3908
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2022 JUN -7 AM 9: 51

	SEGRETARY OF STATE
Pursuant to the provisions of section	TALL AHAGE F. FI ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned,	Leland Management, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agen	t for Lake Burden Neighborhood Association, Inc.
	(Name of Corporation)
N04000001247	
(Document Number, if known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	Signature of Resigning Agent)
If signing on behalf of an entity:	
1	Rebecca Furlow
	(Typed or Printed Name)
į	President
	(Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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