

N06 0000000 313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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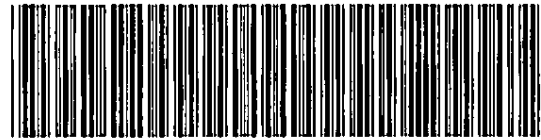
(Business Entity Name)

(Document Number)

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2022 JUN -7 AM 9:43  
CLERK OF STATE  
TALLAHASSEE, FL

A. BUTLER

AUG 21 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake Burden South Master Community Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000000313

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:

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

(Name of Person)

at ( 407 )

901-3908

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT**

**FOR A CORPORATION** 2022 JUN -7 AM 9:43

**FILED**

SECRETARY OF STATE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.3509, F.S.

Florida Statutes, the undersigned, Leland Management, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Lake Burden Neighborhood Association, Inc.

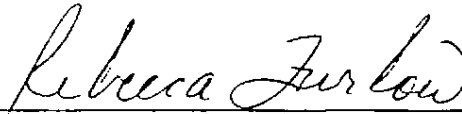
(Name of Corporation)

N06000000313

(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:

Rebecca Furlow

(Typed or Printed Name)

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