NO6000012361

(Requestor's Name)
(Address)
(Address)
(
(Oir ICress Flig ID)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2332
Codification of Change
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2022 JUN -7 AM 9: 38

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COVER LETTER

Division of Corporations
SUBJECT: Lake Burden Townhome Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N06000012361
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 Glona 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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: 39

	SECRETARY OF STATE TALL ARASTEE, FL ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Leland Management, Inc
Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	
	(Name of Registered Agent)
hereby resigns as Registered Agent	for Lake Burden Townhome Association, Inc. (Name of Corporation)
N06000012361	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
this statement is filed.	Office discontinued on the 31st day after the date on which Lee ca Fun (Signature of Resigning Agent)
If signing on behalf of an entity:	
F	Rebecca Furlow
	(Typed or Printed Name)
ŗ	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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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