Nobalo

	(Requestor's Name)	_
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	_
Special Instructions	to Filing Officer	\neg
Special instructions	s to 1 ming Officer.	

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Association of SouthBrooke C	Condominium I, Inc.
(Name of Corporat	ion)
DOCUMENT NUMBER: N06260	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Stephanie Brandon	
(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:	
Stephanie Brandon at 407	982-3137 & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 2017 DEC 26 PM 2: 03 FOR A CORPORATION

THE ANNEL FLORING

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Lel	and Management, Inc.
	(Name of Registered Agent)
haraky regione to Ranictorad Amont for	Association of SouthBrooke Condominium I, Inc.
neredy resigns as registered regent to	(Name of Corporation)
N06260	
(Document Number, if known)	_
The agency is terminated and the office this statement is filed. Likera	Signature of Resigning Agent)
If signing on behalf of an entity:	
Rebecca Furl	ow
	(Typed or Printed Name)
Agent	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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