# NO7000007443

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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SECRETARY OF STATE

APPROVED

C. LEVIS
JUN 1 7 2014
EXAMINER

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Barrington Estates Property Holdings HOA Inc.		
(Name of Corporate DOCUMENT NUMBER: N0700007443	ion)	
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:	
Mike Miller		
(Name of Person)	-	
Empire Management Group		
(Name of Firm/Company)	-	
1135 East Avenue		
(Address)	-	
Clermont, FL 34711		
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Mike Miller  (Name of Person)  at (Area Code)	535-0099 & Daytime Telephone Number)	
(Name of Ferson) (Area Code	e & Daytine 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



## 14 JUN -4 PM 12: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Leland Management
(Name of Registered Agent)
hereby resigns as Registered Agent for Barrington Estates Property Holdings HOA, Inc.
(Name of Corporation)
N0700007443
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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