# N07000007443

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Fakik Nama)
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
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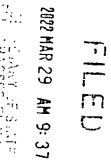
Office Use Only



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resignation 00

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### **COVER LETTER**

SUBJECT: Barrington Estates P	roperty Holdings Home (Name o			· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	N07000007443			
The enclosed Resignation of R	egistered Agent for	a Corp	oration a	and fee are submitted for filing
Please return all correspondence	e concerning this n	natter to	the foll	lowing:
Lisa Weathers				
(Name of	Person)		<del></del>	
Leland Management, Inc.				
(Name of Fir	n/Company)			
6972 Lake Gloria Blvd.				
(Add	ress)		<u> </u>	
Orlando, FL 32809				
(City/State ar	d Zip Code)		<del></del>	
For further information concer	ning this matter, ple	ase cal	l:	
Ricardo Padilla	at (	407	)	809-4493
(Name of Person	1	Area Co	de & Da	ytime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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@22 HAR 29 AM 9: 37 FOR A CORPORATION FART OF TAKE TO THE TAKE TO THE

Pursuant to the provisions of sections 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 Agent for Barrington Estates Property Holdings Homeowners' Associations, I
(Name of Corporation)
N07000007443
(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.  X  (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