## N09916

(Re	equestor's Name)	
(Ad	idress)	
(Address)		
(Ci	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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C. GOLDEN

DEC 2 8 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Association of SouthBrooke Co	ondominium III, Inc.
(Name of Corporat	
DOCUMENT NUMBER: N09916	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne 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 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILEL

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2017 DEC 26 PM 1:57

Pursuant to the provisions of sections 607.0502(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 Association of SouthBrooke Condominium III, Inc.
(Name of Corporation)
N09916
(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.
Le beeca Zurlow
(Signature of Resigning Agent)
If signing on behalf of an entity:
Rebecca Furlow
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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