Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT RESIGNATION LEADERSHIP ACADEMY, INC.

Certificate of Status	0
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Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

, 12/27/2011 12-271 TBrown

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: LEADERSHIP ACADEMY, INC. (Name of Corporation)		
DOCUMENT NUMBER: PO6000139095		
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:		
Eric Littman		
(Name of Person)		
(Name of Firm/Company)		
7695 S.W. 104th Streeet, Suite 210		
(Address)		
Miami, FL 33156		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Eric P. Littman at (305) 663-3333 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Clother Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

CR2E046(01/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509, آگري و هي ا
	c Littman
	(Name of Registered Agent)
hereby resigns as Registered Agent for	LEADERSHIP ACADEMY, INC.
	(Name of Corporation)
(Document Number, if known)	_
The agency is terminated and the office this statement is filed.	the above listed corporation at its last known address. discontinued on the 31st day after the date on which mature of Resigning Agent)
If signing on behalf of an entity:	
T}	yped or Printed Name)

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

(Capacity)