

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued and such right shall be barred. This phrase is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money."

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: DANIELLE LINDER EIN or SS#: 589-34-0066

Address: 3754 N.E. 209 TERR. (305) 932-6642  
AVENTURA, FLA 33180

Amount: \$35.00 Date Paid 6 26 97

Reason for claim: Sent in the filing fee to resign as agent. Was not listed  
as such.

P97000039124 LEGAL SALES ASSOCIATES, INC., CMustain/Amend

Certified true and correct this 31 day of July, 19 97.

Signature

Danielle Linder

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

*For Agency Use Only*

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund: \$7.50 \$35.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01049 013 dated 6 26 97

Name of Account

45202130001453000000000010000

Statutory Authority for Collection 607 0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

452021300014530000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)

DANIELLE LINDER  
3954 N.E. 209 Terr.  
No. Mani. Beach, FLA  
33480

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 100002223751--4  
-06/26/97--01049--013
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 18, 1997

DANIELLE LINDER  
3754 N.E. 209 TERRACE  
NO. MIAMI BEACH, FL 33180

SUBJECT: LEGAL SALES ASSOCIATES, INC.  
Ref. Number: P97000039124

We have received your document for LEGAL SALES ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 997A00036730