

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : 120010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

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REGISTERED AGENT RESIGNATION
BURMAN ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

20 MAR -6 AM 8:16

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3/6/2020 11:38:55 AM PAGE 1/001 Fax Server



March 6, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GRAYROBINSON

SUBJECT: BURMAN ASSOCIATES, INC.
REF: P97000096259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number provided does not match the name of the entity on our records. Please review and correct.

If you have any further questions concerning your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III
Amendment Section

FAX Aud. #: H20000073873
Letter Number: 120A00004973

★ Please see attached
corrected doc. 3/6/2020

P.O. BOX 6327 - Tallahassee, Florida 32314


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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Pamela O. Price
(Name of Registered Agent)hereby resigns as Registered Agent for Burman Associates, Inc.
(Name of Corporation)P97000096259
(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:

Pamela O. Price
(Typed or Printed Name)Authorized signatory
(Capacity)20 MAR -6 AM 8:16
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**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withdrawn corporation**Make checks payable to Florida Department of State and mail to:**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

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