## P99000004553

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BURCAW PROPERTIES, TNC. (Name of Corporation)
DOCUMENT NUMBER: <u>P99 0000 24553</u>
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:
ROBIN A. IZZO (Name of Person)
DONNA J. FELDMAN, P.A.  (Name of Firm/Company)  SUITE 103
19321-C US HIGHWAY 19 NORTH
CLEARWATER FL 33764 (City/State and Zip Code)
For further information concerning this matter, please call:
ROBIN A. IZZO at (Mane of Person) at (Mane Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active cor

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DONNA J. FELDMAN, P.A. (Name of Registered Agent)
hereby resigns as Registered Agent for BURCAW PROPERTIES, INC., (Name of Corporation)
P99 000 24553 (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 Reciphing Agent)
If signing on behalf of an entity:
DONNA J. FELDMAN, for DONNA J. FELDMAN, PA.  (Typed or Printed Name)
PRESIDENT (Capacity)  ASS AND
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314