

735246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

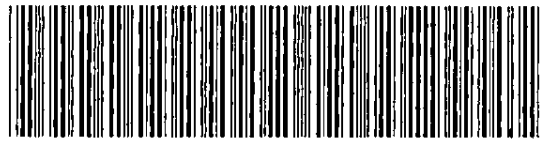
Special Instructions to Filing Officer:

J DENING

SEP 15 2023

R. 08.29.23

Office Use Only



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8.29.23

FILED
2023 AUG 29 AM 10:28
SECRETARY OF STATE
ALL AMASSEE, FL 32009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heritage Landings Association Inc.
Name of Limited Liability Company

DOCUMENT NUMBER: 735246

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John W. Stevens III
Name of Person

STEVENS & GOLDWYN PA
Name of Firm/Company

2 S UNIVERSITY DR STE 329
Address

PLANTATION, FL 33324
City/State and Zip Code

jstevens@stevensandgoldwyn.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Piper at (954) 476-2680
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Stevens & Goldwyn PA hereby resigns as
Name of Registered Agent

Registered Agent for Heritage Landings Association Inc.

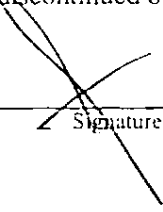
Name of Limited Liability Company

735246

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

John W. Stevens III

Typed or Printed Name

VP

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA