743769

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
<u>(Do</u>	cument Number)	
(50	cument (tumber)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer	
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COVER LETTER

Division of Corporations		
The Fairways Condominium at Pa	ılın Coast, İnc	
Sobilet	(Name of Corpo	pration)
DOCUMENT NUMBER: 743769		
The enclosed Resignation of Registered	Agent for a Corp	poration and fee are submitted for filing.
Please return all correspondence concer	ning this matter t	o the following:
Lisa Weathers		
(Name of Person)		
Leland Management, Inc.		
(Name of Firm/Compar	ny)	
6972 Lake Gloria Blvd		
(Address)		
Orlando, FL 32809		
(City/State and Zip Coo	de)	<u> </u>
For further information concerning this	matter, please cal	II:
Tim Huntsman	407 at (781-5791
(Name of Person)	(Area Co	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti-	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the undersigned,	Leland Management, Inc.	
iona statates, the underestance,	(Name of Registered Agent)	
nereby resigns as Registered Agen	The Fairways Condominium at Palm Coast, Inc.	
ictedy testglis as registered Agei.	(Name of Corporation)	
743769		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known address.	
The agency is terminated and the other statement is filed.	eca Turbes (Signature of Resigning Agent)	
If signing on behalf of an entity:		
Rebecca Furlo	w	
*****	(Typed or Printed Name)	
	ر. <u>د</u>	
President		
	(Capacity)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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