753954

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(De	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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10/21/13--01046--002 **87.50

SECRETARY OF STALE
TALLAS (SSEE, TLORID)

OCT 28 2013 T. CARTER

COVER LETTER

SUBJECT: The Landings (L	(Name of Co	
; pocument number: <u> </u>	53954	
i The enclosed Resignation of R		orporation and fee are submitted for filing.
Rlease return all corresponden	ce concerning this matte	er to the following:
(Name o	f Person)	
Leland Management		
(Name of Fir	m/Company)	
6972 Lake Gloria Boulevar	⁻ d	
(Add	ress)	
Orlando, FL 32809		
(City/State a	nd Zip Code)	
For further information concer	ning this matter, please	call:
Allyson Todd (Name of Person	at (40	781-0764 a Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

TO:

Amendment Section Division of Corporations

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

FILED SECRETARY OF STATE NTALLAHASSEE, FLORIDA 13 OCT 21 PM 2: 33

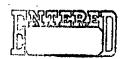
RESIGNATION OF REGISTERED AGENTALLATOR FOR A CORPORATION 13 OCT 2

	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
	Florida Statutes, the undersigned, Leland Management		
4	(Name of Registered Agent)		
ì	hereby resigns as Registered Agent for The Landings (Longwood) HOA, Inc.		
İ	(Name of Corporation)		
ļ.	753954		
İ	(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:		
	Rebecca Furlow		
	(Typed or Printed Name)		
	Agent		
	(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