756752

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

	Iment Section on of Corporations
SUBJECT:	The Woodhaven Condominium at Palm Coast, Inc
	(Name of Corporation)
DOCUMENT	NUMBER: 756752
The enclosed I	Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
Lisa Weathers	
	(Name of Person)
Leland Manage	ement, Inc.
	(Name of Firm/Company)
6972 Lake Glo	ria Blvd.
	(Address)
Ortando, FL 32	809
	(City/State and Zip Code)
For further inf	formation concerning this matter, please call:
Raiza Alicea	at (407) 982-1732
	(Name of Person) (Area 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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, Leland Management Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for The Woodhaven Condominium at Palm Coast, Inc (Name of Corporation)
756752
(Document Number, if known)
A copy of this resignation was mailed to the above fisted 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. X Liberta Furiou (Signature of Resigning Agent)
If signing on behalf of an entity:
Repecca Furlow
(Typed or Printed Name)
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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