110100003099

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	; #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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RIA Resign

COVER LETTER

Division of Corporations		
SUBJECT: Windsor Land	ding Homeow	ners Association
DOCUMENT NUMBER: NO 100	(Name of Corporat 00003099	ion)
The enclosed Resignation of Registe	ered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence col	ncerning this matter to t	he following:
Paloma Collins		
(Name of Pers	on)	_
Leland Managemer		
(Name of Firm/Co	mpany)	-
6972 Lake Gloria B	lvd.	
(Address)		-
Orlando, FL 32809	I	
(City/State and Zip		-
For further information concerning	this matter, please call:	
Paloma Collins	at (407	982-1107 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Departmen ssolved, voluntarily diss	nt of State for \$87.50 for an active corporation olved or withdrawn corporation.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 Corporatio Post Office Box 6327 Tallahassee, FL 32314	

TO: Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

. . . .

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509.
Florida Statutes, the undersigned. Leland Management, Inc.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for WINDSOR LANDING HOMEOWNERS AS	SOCIATION, INC
(Name of Corporation)	
N0100003099	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kr	nown address.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed. **Addle a Hull on the 31st day after the dat this statement is filed.** (Signature of Resigning Agent)	e on which
If signing on behalf of an entity:	18 AUG
Leland Management, Inc.	题 57 图
(Typed or Printed Name)	一
	感去口
	7:
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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