NO100000 3100

(Requestor's Name)			
(Address)			
(,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





200323213232

61.24/14 =0 15: 0007 ** 10

C. GCLET'I

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	Cumbrian Lakes Res			
	-	(Name of Corporation	on)	1
DOC	ument number: N010	00003100		
The e	nclosed Resignation of Regist	ered Agent for a Corporat	tion and fee are submitted for	filing.
Please	return all correspondence cor	neerning this matter to the	e following:	
The	eresa Sutherland	i		1
	(Name of Pers	on)		
Sut	therland Manage			
	(Name of Firm/Co	mpany)		1
107 N. Line Drive				
	(Address)			<u> </u>
Apopka, FL 32703				
	(City/State and Zip	Code)		Ī
For fu	rther information concerning	this matter, please call:		
The	eresa Sutherland	d _{at} 407	774-7262	I
	(Name of Person)	(Area Code &	& Daytime Telephone Number)	I
Enclos or \$35	sed is a check made payable to 5,00 for an administratively dis	o the Florida Department ssolved, voluntarily disso	of State for \$87.50 for an acti lved or withdrawn corporation	ve corporation
Amen Divisi Cliftor 2661 I	Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	s	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	97.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, The	resa Sutherland
	(Name of Registered Agent)
hereby resigns as Registered Agent for	CUMBRIAN LAKES RESORT HOMEOWNERS ASSOCIATION, INC.
, , , , , , , , , , , , , , , , , , , ,	(Name of Corporation)
_ N01000003100	
(Document Number, if known)	;
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which which and the 31st day after the date on which gnature of Resigning Agent)
If signing on behalf of an entity:	
THERE	Typed or Printed Name) GENT (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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