(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



600309980116

03/06/18--01018--028 **87.50



RARES

MAR - 9 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Preserve at Sundance Homeow	ners Association, Inc.
(Name of Corporation DOCUMENT NUMBER: N0200000690	n)
The enclosed Resignation of Registered Agent for a Corporat	ion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Refue dule	
(Name of Person)	
Leland Management	
(Name of Firm/Company)	
6972 Lake Gloria Blvd.	
(Address)	
Orlando, FL 32809	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ai()	982-2866 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
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

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			
(Name of Registered Agent)			
hereby resigns as Registered Agent for The Preserve at Sundance Homeowners As	sociatio	n, Inc.	
(Name of Corporation)			-
N0200000690			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kr	iown ac	idress.	,
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on wl	nich	
(Signature of Resigning Agent)	_		
If signing on behalf of an entity:			
Rebecca Furlow	J.St.	~ 3	
(Typed or Printed Name)	- 4	2018 MAR	
Agent		系 -5	
(Capacity)	i i	7 0	
	777 444 172 - 11 178 - 1	II T	
		@ 7	
Fee for filing this document: \$87.50 - Active Corporation			
\$67.30 • Active Corporation			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/