

NO20000004961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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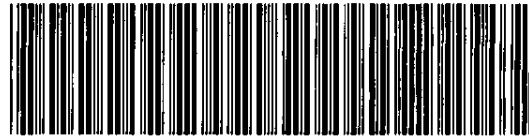
(Business Entity Name)

(Document Number)

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resignation  
to RA

10/17/11--01010--019 \*\*87.50

FILED  
2011 OCT 17 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AOR  
10/18/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEELAN-WEST INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N02000004961

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM ADAMS

(Name of Person)

ADAMS ACCOUNTING AND CONSULTING INC.

(Name of Firm/Company)

13100 PINE BOROUGH LANE

(Address)

PALM BEACH GARDENS, FLORIDA 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM ADAMS

(Name of Person)

at ( 581 ) 626-9096

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION** SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, WARREN CATOE

(Name of Registered Agent)

hereby resigns as Registered Agent for LEELAN-WEST INDUSTRIAL PARK PROPERTY

(Name of Corporation)

N02000004961

(Document Number, if known)

OWNERS ASSOCIATION  
INC.

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.

Warren Catoe  
(Signature of Resigning Agent)

If signing on behalf of an entity:

WARREN CATOE  
(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