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(Re	equestor's Name)				
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(City/State/Zip/Phone #)					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEU

### **COVER LETTER**

Division of Corporations		
\$ SUBJECT: The Lakes at Eas	st Park H	IOA, Inc.
	lame of Corpora	
The enclosed Resignation of Registered Age	ent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerning	this matter to	the following:
Nancy Baez		
(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 matt	ter, please call:	
Cheryl Zook	at (407	852-5300 e & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check made payable to the Floor \$35.00 for an administratively dissolved,	rida Departme voluntarily dis	nt of State for \$87.50 for an active corporation solved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

TO: Amendment Section

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 617.1509,						
	Florida Statutes, the undersigned, Leland Management Inc						
	(Name of Registered Agene)	-					
	hereby resigns as Registered Agent for The Lakes at East Park HOA, Inc.						
1	(Name of Corporation)	_					
1	N0200006026						
Í	(Document Number, if known)						
	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.						
	(Signature of Resigning Agent)						
	If signing on behalf of an entity:	14 DEC	ኚ።				
	Mary Carol Shaver	C 22					
	(Typed or Printed Name)	PH					
		.; ≖					
	Director of Corporate Administration	: 03					
	(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withdrawn corporation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