(Re	questor's Name)	
(Ad	dress)	
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cf 3/7/2022

#### **COVER LETTER**

Division of Corporations		
Hickory Woods Homeowners Assoc	ciation, Inc.	
	(Name of Corpor	ation)
DOCUMENT NUMBER: N02000009759		
The enclosed Resignation of Registered A	gent for a Corpo	oration and fee are submitted for filing
Please return all correspondence concernit	ng this matter to	the following:
Lisa Weathers		
(Name of Person)		_
Leland Management, Inc.		
(Name of Firm/Company)	)	<del>_</del>
6972 Lake Gloria Blvd		
(Address)		<del>_</del>
Orlando, Fl. 32809		
(City/State and Zip Code)	)	_
For further information concerning this ma	atter, please call	:
Cabrini Bolden	407 at (	469-5950 )
(Name of Person)	(Area Co	de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

## Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	visions of sections 607.0503(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, th	e undersigned Leland Management, Inc.	
	(Name of Registered Agent)	
herehy resions as R	Registered Agent for Hickory Woods Homeowners Association, Inc.	
nereby resigns as it	(Name of Corporation)	
N02000009759		
(Document N	umber, if known)	
A copy of this resig	mation was mailed to the above listed corporation at its last kno	own address.
The agency is term this statement is file	inated and the office discontinued on the 31st day after the date ed.	on which
_	(Signature of Resigning Agent)	
If signing on behalf	( Barrier of transporting trapelling	2022 FEB : SECRETALLAH
R	ebecca Furlow	28 4ASS
_	(Typed or Printed Name)	AHII: 49  OF STATE SEE, FL
		±≅
Pr	resident	JE (19

### 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)