N03000001912

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Oak Hammock Preserve Commu	unity Owners Association Inc.
SOBJECT: Oak Hammook Frederic Commis	(Name of Corporation)
DOCUMENT NUMBER: N03000001912	<u> </u>
The enclosed Resignation of Registered	d Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concer	erning this matter to the following:
Lisa Weathers	
(Name of Person)	
Leland Management, I	
(Name of Firm/Compa	any)
6972 Lake Gloria Blvd	<u>. </u>
(Address)	
Orlando, FL 32809	
(City/State and Zip Co	
For further information concerning this	s matter, please call:
William Kay	at (407) 781-0772 (Arca Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
	ne Florida Department of State for \$87.50 for an active corporation, lved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 607.0	503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Leland Management, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent for Oak H	Hammock Preserve Community Owners Association, Inc. (Name of Corporation)
	(Name of Corporation)
N03000001912	
(Document Number, if known)	
	above listed corporation at its last known address.
The agency is terminated and the office disce this statement is filed.	ontinued on the 31st day after the date on which
_ labecca 3	Ferlow
(Signatur	e of Resigning Agent)
If signing on behalf of an entity:	2022 SF:
	pecca Furlow
(Typed	or Printed Name)
	President OF STA 36
	(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withdrawn corporation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