N0300005637

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COVER LETTER

DOCUMENT NUMBER: N0300005637 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin Please return all correspondence concerning this matter to the following: Lisa Weatners (Name of Person) Leland Management, Inc. (Name of Firm/Company) 6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809 (City/State and Zip Code)	2009	ECT: Seminole Palms of Largo Homeowners Association, Inc (Name of Corporation)
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin Please return all correspondence concerning this matter to the following: Lisa Weatners (Name of Person) Leland Management, Inc. (Name of Firm/Company) 6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809	DOCT	
Please return all correspondence concerning this matter to the following: Lisa Weathers (Name of Person) Leland Management, Inc. (Name of Firm/Company) 6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809 (City/State and Zip Code)		SHENT ROMOEK.
Lisa Weathers (Name of Person) Leland Management, Inc. (Name of Firm/Company) 6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809 (City/State and Zip Code)	The er	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin
(Name of Person) Leland Management, Inc. (Name of Firm/Company) 6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809 (City/State and Zip Code)	Please	return all correspondence concerning this matter to the following:
(Name of Person) Leland Management, Inc. (Name of Firm/Company) 6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809 (City/State and Zip Code)	Lisa	Weathers
(Name of Firm/Company) 6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809 (City/State and Zip Code)		
6972 Lake Gloria Blvd. (Address) Orlando, Ft. 32809 (City/State and Zip Code)	Lelar	nd Management, Inc.
(Address) Orlando, Ft. 32809 (City/State and Zip Code)	•	(Name of Firm/Company)
Orlando, Ft. 32809 (City/State and Zip Code)	6972	Lake Gloria Blvd.
(City/State and Zip Code)		(Address)
•	Orlan	• • • • • • • • • • • • • • • • • • • •
For further information concerning this matter, please call:		(City/State and Zip Code)
	For fu	rther information concerning this matter, please call:
Lisa Weathers at (407) 781-1404 (Name of Person) (Area Code & Daytime Telephone Number)	Lisa '	

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

rursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 61	17.1509, 💫
Florida Statutes, the undersigned,	Lefand Management, Inc	
	(Name of Registered Agent)	
hereby resigns as Registered Agen-	for Seminole Palms of Largo Homeowners Associati	ىن on, Inc
	(Name of Corporation)	
N03000005637		
(Document Number, if known)		. ·
A copy of this resignation was mai	led to the above listed corporation at its fast k	nown address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the da	te on which
× like	reca Furlow	
,	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
Rebecca Furlow		
	(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