# N030000005924

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#### **COVER LETTER**

10:	Division of Corporations
SUBJ	CEDAR BEND AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: N03000008924
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Lisa V	Veathers
	(Name of Person)
Leland	d Management
	(Name of Firm/Company)
6972 [	Lake Gloria Blvd.
	(Address)
Orland	do,FL 32809
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Veron	ica Bross 407 9823129 at ( )
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### 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	ovisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	17.1509,			
Florida Statutes, th	ne undersigned, Lisa Weathers				
	(Name of Registered Agent)				
hereby resigns as I	Registered Agent for				
	(Name of Corporation)		<del></del>		
N03000008924	(Name of Registered Agent)  Leland Management  (Name of Corporation)  (Signature of Resigning Agent)  (Signature of Resigning Agent)  (Typed or Printed Name)  (Typed or Printed Name)  (Typed or Printed Name)				
(Document N	lumber, if known)				
A copy of this resi	gnation was mailed to the above listed corporation at its last k	nown ado	dress.		
The agency is term this statement is fi	led. Le becca Furlace	ite on wh	ich		
If signing on behal	If of an entity:	 ,	2820 N		
ı	Rebecca Furlow		– A0		
	(Typed or Printed Name)	—, ··.	ω <u>'</u>		
		711	Ĭ.		
I	President	• :	5		
_	(Capacity)	_	ŧ0		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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