NO3930

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
 		
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Courtyards of Suntree, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N03930
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
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, FL 32809
(City/State and Zip Code)
For further information concerning this matter, please call:
Paloma Collins at (407) 982-1107
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 607.	.0503(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 _	The Courtyards of Suntree, Inc.
	(Name of Comoration)
N03930	
(Document Number, if known)	
A copy of this resignation was mailed to the	he above listed corporation at its last known address.
The agency is terminated and the office di this statement is filed.	scontinued on the 31st day after the date on which
	Vecca Aus low Hure of Resigning Agent)
If signing on behalf of an entity:	
	Rebecca Furlow
(Ty	ped or Printed Name)
	ŢĒ.
	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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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