

ND40000002104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

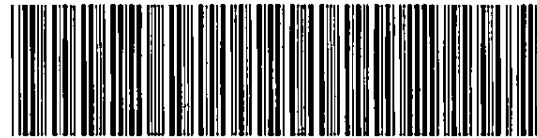
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400304245644

10/25/17--01014--022 \*\*87.50

OCT 26 2017

S. YOUNG

FILED  
17 OCT 25 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Venetian Village of Brevard Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000002104

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:

**Raiza Castellanos**

(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:

**Raiza Castellanos**

(Name of Person)

at ( **407** ) **982-1732**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(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 Venetian Village of Brevard Condominium Association, Inc.

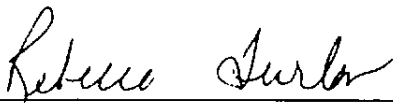
(Name of Corporation)

N04000002104

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Rebecca Furrow

(Typed or Printed Name)

Agent

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

FILED  
OCT 25 PM 3:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314