N04000005720

Office Use Only



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TALLAHÄSSEET LORIDA

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COVER LETTER

Division of Corporations	
SUBJECT: Cypress Springs Condominium Association, Inc.	
(Name of Corporat	ion)
DOCUMENT NUMBER: N04000005720	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Lisa Weathers	
(Name of Person)	-
Leland Management, Inc.	
(Name of Firm/Company)	-
6792 Lake Glorida Blvd	
(Address)	-
Orlando FL 32809	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Susan Dean 407 at (781-1480) : & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



July 24, 2024

LISA WEATHERS LELAND MANAGEMENT, INC 6972 LAKE GLORIDA BLVD ORLANDO, FL 32809

SUBJECT: CYPRESS SPRINGS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N0400005720

We have received your document for CYPRESS SPRINGS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number on the Resignation of Registered Agent does not match the name listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 224A00016326

Forms were corrected. Please process. Thank you!

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the prov	isions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the	undersigned. Leland Management, Inc.
The states, inc	(Name of Registered Agent)
hereby resigns as Re	Cypress Springs Condominium Associaton, Inc.
nereo y reingins as ree	(Name of Corporation)
N04000005720	
(Document Nur	nber, if known)
A copy of this resign	nation was mailed to the above listed corporation at its last known address.
The agency is termine this statement is filed	nated and the office discontinued on the 31st day after the date on which d.
	(Signature of Resigning Agent)
If signing on behalf of	(Signature of Resigning Agent) of an entity:
Ret	pecca Furlow
	(Typed or Printed Name) (Typed or Printed Name)
	(Typed or Printed Name)
Pre	sident

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

(Capacity)