## ND40000009031

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500322077015

12/27/18--01008--008 ++87.50

7018 DEC 27 PH 1: 03

RARCS

JAN 1 1 2019

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Isle De Mai Homeowners	Association, Inc.
(Name of Corp	poration)
DOCUMENT NUMBER: N0400009037	
The enclosed Resignation of Registered Agent for a Co.	rporation and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Alex Govan	
(Name of Person)	
Leland Management	
(Name of Firm/Company)	
6972 Lake Gloria Blvd	
(Address)	
Orlando, FL 32809	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please c	all:
Alex Govan 407	906-0492 Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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
(Marie of Registered Agent)
hereby resigns as Registered Agent for Isle De Mai Homeowners Association, Inc.
(Name of Corporation)
N0400009037
(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 Furlow (Typed or Printed Name)  D P (Capacity)

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

Fee for filing this document: