NO4 0000 11484

(Requestor's Name)		
(Address)		
	ldress)	
(ric	idiessj	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	- <u>-</u> -	

Office Use Only



600378139996

12/20/21--01016--030 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:LA TERRAZA I CONDOMINIUM ASSOCIATION, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: N04000011484	
The enclosed Resignation of Registered Agent for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fol	lowing:
Lisa Weathers	
(Name of Person)	
Leland Management, Inc.	
(Name of Firm/Company)	
6972 Lake Gloria Blvd.	
(Address)	
Oilando, Ft. 32809	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
3[(40')	06-0492
(Name of Person) (Area Code & Da	ytime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 _	LA TERRAZA I CONDOMINIUM ASSOCIATION, INC.		
	(Name of Corporation)		
N04000011484			
(Document Number, if known)	•		
A copy of this resignation was mailed to t	he above listed corporation at its last known address.		
The agency is terminated and the office dithis statement is filed.	iscontinued on the 31st day after the date on which		
(Sign	ature of Resigning Agent)		
If signing on behalf of an entity:	20 20		
Rebecca Furlow	,		
(Ty	vped or Printed Name)		
	· . 5		
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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