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(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Captiva Condominium Assn., Inc	
(Name of Corporation) DOCUMENT NUMBER: N0500000793	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	5 .
Please return all correspondence concerning this matter to the following:	
Daniel A Furlow	
(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:	
Daniel A Furlow (Name of Person) at (407) 982-3965 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Captiva Condominium Assn., Inc
(Name of Corporation)
N0500000793
(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.
David Fully (Signature of Resigning Agent)
If signing on behalf of an entity:
Daniel A Furlow (Typed or Printed Name)
(Typed or Printed Name)
Director of Accounting
(Capacity)

\$87.50 - Active Corporation

Fee for filing this document:

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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