N05000001185

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





000320113140

10/38/18--01039--019 **67.50



RARes

NOV 1 G 2018

COVER LETTER

TO:	Amendment Section Division of Corporations	
SHRI	ECT: Tuscan Hills HOA	
	(Name of Corporation) JMENT NUMBER: N0500001185	
	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	Ľ.
Please	return all correspondence concerning this matter to the following:	
	(Name of Person)	
Lel	and Management	
	(Name of Firm/Company)	
697	'2 Lake Gloria Blvd	
	(Address)	
Orl	ando, FL 32809	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
Bei	rnadette Carlisle at (407)781-5781 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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





November 2, 2018

LELAND MANAGEMENT 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

SUBJECT: TUSCAN HILLS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N05000001185

We have received your document for TUSCAN HILLS HOMEOWNERS 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 current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 818A00022686

RECEIVED

SECRETARY OF STATES TALLAHASSER FATE

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
(Name of Registered Agent)
hereby resigns as Registered Agent for TUSCAN HILLS HOMEOWNERS ASSOCIATION, IN
(Name of Corporation)
N0500001185
(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.
Reluca Furlar (Signature of Resigning Agent)
If signing on behalf of an entity:
Rebecca Furlow (Typed or Printed Name)
(Typed or Printed Name)
DP (Capacity)
(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, F1, 32314