N05000001866

(K6	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<u> </u>	_	_
(Bu	isiness Entity Nam	ne)
(Dc	ocument Number)	
(50	iodinone ridinoci,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		J. Hon
		J. HORNE NOV 13 2023
		MUN 13 200
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.	Beauclaire Ranch Club Homeowners' Association, Inc	
	(Name of Corpo	oration)
DOC	UMENT NUMBER: N05000001866	· · · · · · · · · · · · · · · · · · ·
The c	enclosed Resignation of Registered Agent for a Coη	poration and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter t	to the following:
Lisa V	Veathers	
	(Name of Person)	
Lelane	d Management, Inc.	
	(Name of Firm/Company)	
6972 1	Lake Gloria Błyd.	
	(Address)	
Orland	lo, FL 32809	
	(City/State and Zip Code)	_
For fi	urther information concerning this matter, please ca	II:
Victor	ia Phillips 407	781-1407
	(Name of Person) (Area C	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sc	ections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigne	ed. Leland Management, Inc.
	(Name of Registered Agent)
hereby resigns as Registered A	gent for Beauclaire Ranch Club Homeowners' Association, Inc.
	(Name of Corporation)
N05000001866	
(Document Number, if know	<u>m)</u>
A copy of this resignation was	mailed to the above listed corporation at its last known address.
this statement is filed.	he office discontinued on the 31st day after the date on which Cua Aux (Ow) (Signifure of Resigning Agent)
If signing on behalf of an entity	
Rebecca Furlow	
	(Typed or Printed Name)
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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