

N 05 00000 3263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

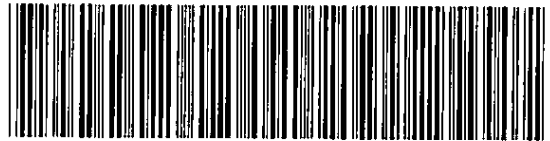
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100434326721

08/07/24--01025--021 **87.50

FILED
2024 AUG -7 AM 11:31
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

Ra Resignation

AUG 20 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Park Hill Homeowners Association Inc.

(Name of Corporation)

DOCUMENT NUMBER: N05000003263

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Weathers

(Name of Person)

Leland Management

(Name of Firm/Company)

6972 Lake Florida Blvd

(Address)

Orlando FL 32809-3200

(City/State and Zip Code)

For further information concerning this matter, please call:

Cecilia Azevedo 407 982-3959
_____ at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

FILED
2024 AUG -7 AM 11:31
CLERK OF THE STATE
OF FLORIDA

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Park Hill Homeowners Association Inc.

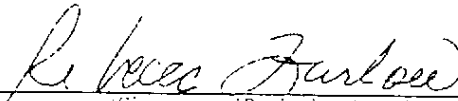
(Name of Corporation)

N05000003265

(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)

President

(Capacity)

2024 AUG -7 AM 11:31

FILED

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