N05000005295

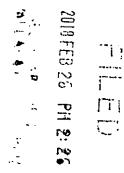
(F	Requestor's Name)	
(<i>F</i>	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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COVER LETTER

	Amendment Section Division of Corporations
SUBJE	Austin Park Homeowners Association, Inc.
DOCU	(Name of Corporation) MENT NUMBER: N05000005295
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
Raiz	za Castellanos
•	(Name of Person)
Lela	and Management, Inc.
	(Name of Firm/Company)
697	2 Lake Gloria Blvd.
	(Address)
Orla	ando, FL 32809
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Raiz	za Castellanos at (407) 982-1732
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned. Leland Management, Inc.	
(:Name of Registered Agent)	
hereby resigns as Registered Agent for Austin Park Homeowners Assoc	iation, Inc.
(Name of Corporation)	
N0500005295	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn	nown address.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on which
Return Surla	_
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Rebecca Furlow	
(Typed or Printed Name)	- 20.
Agent	2018 FEB 25
(Capacity)	-
	79]
Fee for filing this document:	i en
\$87.50 - Active Corporation	~~ •)
\$35.00 - Administratively dissolved/voluntarily dissol	ved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation