

ND5000005355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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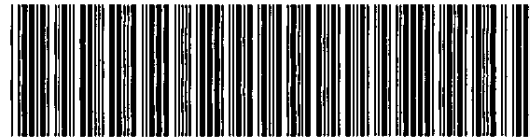
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL - 9 AM 9:00

RALRES  
@ 7.11.12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Enclave at Moss Park Homeowners Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000005355

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:

(Name of Person)

**Leland Management**

(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:

**Janet Henderson**

(Name of Person)

at **407 781-1832**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

SECRETARY OF COMMERCE  
DIVISION OF CORPORATIONS  
12 JUL -9 AM 9:00  
GENT

100

(Name of Registered Agent)

(Name of Corporation)

(Document Number, if known)

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)

(Typed or Printed Name)

(Capacity)

\$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withdrawn corporation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**