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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Saddlebrook of Deland CA

(Name of Corporation)

DOCUMENT NUMBER: N05000006106

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:

Saddlebrook of Deland - 515

(Name of Person)

Leland Management

(Name of Firm/Company)

6972 Lake Gloria Boulevard

(Address)

Orlando, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

Bernadette Carlisle

,407 , 78

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617	.1509,
Florida Statutes, the undersigned, Leland Management Inc	
(Name of Registered Agent)	<del></del>
hereby resigns as Registered Agent for Saddlebrook of Deland CA	<b>L</b>
(Name of Corporation)	
N0500006106	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.  **Like Company of the 31st day after the date this statement is filed.**  **Like Company of the 31st day after the date this statement is filed.**	on which
(Signature of Resigning Agent)	图 寸
If signing on behalf of an entity:	
	in more in the second s
Rebecca Furlow - Leland Management	a on
(Typed or Printed Name)	
	. ?
Agent	7
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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