

N1050000007528

(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
TALLAHASSEE, FLORIDA

R.A./RES

DEC 23 2015

I ALBRITTON

COVER LETTER

SCANNED

TO: Amendment Section
Division of Corporations

SUBJECT: Compass Pointe Villas at Lake Miona CAI
(Name of Corporation)

DOCUMENT NUMBER: N050000007528

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:

Jennifer Bray

(Name of Person)

Leland Management

(Name of Firm/Company)

6972 Lake Gloria Blvd

(Address)

Orlando, FL 32809-3200

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Bray

(Name of Person)

at (407) 982-3129

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

SCANNED

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Leland Management

(Name of Registered Agent)

COMPASS POINTE VILLAS ON LAKE MIONA CONDOMINIUM ASSOCIATION, INC

hereby resigns as Registered Agent for _ _

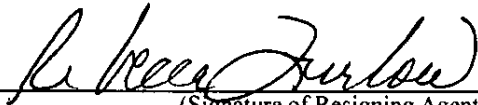
(Name of Corporation)

N050000007528

(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)

Agent

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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