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COVER LETTER

TO: Amendment Section Division of Corporations	
The Villas Condominiums Association, Inc. SUBJECT:	
(Name of Corporat	ion)
DOCUMENT NUMBER: No.5000007944	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Lisa Weathers	
(Name of Person)	
Leland Management, Inc.	
(Name of Firm/Company)	
6972 Lake Gloria Blvd	
(Address)	•
Orlando, FL 328009	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Romary Henriquez 407 at (982-2866
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 pro	visions of sections 6	507.0503(2), 617.0502(2), 607.1509, c	or 617.1509,
Florida Statutes, th	e undersigned. Lela	and Management, Inc.	
i ioriaa oiaiaco, ai		(Name of Registered Agent)	
hereby resigns as Registered Agent for The Villas Condominiums Association, Inc. (Name of Corporation)			
		(Name of Corporation)	
N05000007944			
(Document N	umber, if known)		
A copy of this resig	gnation was mailed t	to the above listed corporation at its la	st known address.
The agency is term this statement is fil		e discontinued on the 31st day after th	e date on which
_	(S	ignature of Resigning Agent)	
If signing on behal	f of an entity:		2888 NOV -3 PM 12: 40
R	ebecca Furlow		$\mathcal{G}_{\mathcal{G}}$ ω
_	••	(Typed or Printed Name)	
			2:
P	resident		. 6
_		(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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