NOS00008161

·	_
(Requestor's Name)	
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:]
]

Office Use Only



08/02/24--01011--003 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations

.

.

Trillium of Brooksville Homeowners Association, Inc.

(Name of Corporation) DOCUMENT NUMBER: N0500008161

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:

Lisa Weathers

(Name of Person)	
Leland Management	
(Name of Firm/Company)	· · ·
6972 Lake Gloria Blvd	
(Address)	·
Orlando, FL 32809	
(City/State and Zip Code)	1., 10
For further information concerning this matter, please call:	

Sheraz Malik	407	901-3908
	at ()
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

<u>Street Address:</u> Amendment Section Division of Corporations Clitton 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

	(Name of Registered Agent)
hereby resigns as Registered Agent for	Trillium of Brooksville Homeowners Association. Inc.
	(Name of Corporation)

N0500008161

(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.

(Signettire of Resigning Agent)

If signing on behalf of an entity:

(Typed o: Printed Name)		
		· - ·
President		- ;
	Capacity)	· · ·

Fee for filing this document:

S87.50 - Active Corporation S35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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