## N05000008212

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		;		

Office Use Only



800279298038

12/31/15--01010--005 \*\*87.50

JAN 06 2016 C McNAIR



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
ri subject: Cades Cove Community /	Association, Inc.
e: (Name of Corporate) Z! TOOCUMENT NUMBER: N0500008212	
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:
Daniel A Furlow	
(Name of Person)	
Leland Management, Inc	
(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:	
Daniel A Furlow 407	982-3965
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 $617.150$	J <del>9</del> ,		
<b>7</b> 3	Florida Statutes, the undersigned, Leland Management, Inc			
)	(Name of Registered Agent)			
>	hereby resigns as Registered Agent for Cades Cove Community Association	n, Ind	C.	
2.	(Name of Corporation)		· · ·	
Ti Cj	N05000008212			
	(Document Number, if known)			
	A copy of this resignation was mailed to the above listed corporation at its last known	addres	SS.	
	The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which		
	(Signature of Resigning Agent)			
	If signing on behalf of an entity:	15 DEC	SECK DIVIO	
	Daniel A Furlow	ယ	GENT.	
	(Typed or Printed Name)		- SS	
		- Lea	- 24C	
	Director	in ion hiv	RATIO	

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)