## NU50000 10117

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAI	IL
(Bu	usiness Entity Name)	
(Do	ocument Number) -	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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R/A Resign

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations		
SUBJECT: SUMMER CHASE C	F PASCO COMMUN	NITY ASSOCIATION, INC.
DOCUMENT NUMBER: N050	(Name of Corporat 100010117	ion)
The enclosed Resignation of Registe	ered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the	he following:
MaryAnn Syraski		
(Name of Perso	-	
Coastal Manageme	nt	
(Name of Firm/Cor	mpany)	-
6454 Ridge Rd		_
(Address)		
Port Richey, FL 346	668	
(City/State and Zip Code)		-
For further information concerning t	his matter, please call:	
MaryAnn Syraski	<sub>at (</sub> 727	859-9734 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis		at of State for \$87.50 for an active corporation solved or withdrawn corporation.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 Corporatio Post Office Box 6327 Tallahassee, FL 32314	

CR2E046 (04/12)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Leland Management, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent	SUMMER CHASE OF PASCO COMMUNITY ASSOCIATION, INC
neredy resigns as Registered Agent	(Name of Corporation)
N05000010117	
(Document Number, if known)	<del></del>
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date on which    Signature of Resigning Agent)
If signing on behalf of an entity:	
Rebecca Fo	(Capacity)
<u>, .g</u>	(Capacity)
	<u> </u>

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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