

(Requestor's Name)				
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COVER LETTER

TO: Amendment Section Division of Corporations			
Southern Ridge at Estates at Cherry Lake Homeowi SUBJECT:			
(Name of Corporat			
DOCUMENT NUMBER: N05000010763			
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for	filing.	
Please return all correspondence concerning this matter to t	he following:		
Lisa Weathers			
(Name of Person)	-		
Leland Management			
(Name of Firm/Company)	-	25	
6972 Lake Gloria Blvd	:.	3-3 3-7 3-72	
(Address)	* 301	·	, -
Orlando, Florida 32809	;n		i Fili
(City/State and Zip Code)	–	유 (S) 보 (S)	
For further information concerning this matter, please call:	ب ب	PH 12: 27	
Adriana Thompson 407	781-1410)	•	
(Name of Person) (Area Code	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, o	r 617.150	09.	
lorida Statutes, the undersigned, Leland Management				
	(Name of Registered Agent)			_
hereby resigns as Registered Agent	for Southern Ridge at Estates at Cherry Lake Ho	meowners	Assn.,	Inc.
	(Name of Corporation)			
N05000010763				
(Document Number, if known)				
A copy of this resignation was mai	led to the above fisted corporation at its las	st known	addres	SS.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the	date on	which	
	SECA AMION (Signature of Resigning Agent)			
If signing on behalf of an entity:				
Rebecca Furlow			202	
	(Typed or Printed Name)		ا سنگ آ	
President		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	 	; .
	(Capacity)	OF STATE	? PM 12: 27	
Fee for	filing this document:			

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarity dissolved/

\$87.50 - Active Corporation