## NO5000010876

(	Requestor's Name)	
	Address)	
(.	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of S	Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

	ndment Section sion of Corporations	
SUBJECT:	Via Paradisus Property Ow	ners' Association, Inc.
_	(Name of Co	rporation)
DOCUMEN	NT NUMBER: N05000010876	
The enclosed	d Resignation of Registered Agent for a Co	orporation and fee are submitted for filing
Please return	all correspondence concerning this matte	r to the following:
Rebeco	ca Furlow	
	(Name of Person)	
Leland	Management	
	(Name of Firm/Company)	<del></del>
6972 L	ake Gloria Blvd	
	(Address)	
Orland	o, FL 32809	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please	call:
Cabrin	i Bolden at (40)	7 469-5950 Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Le	eland Management
	(Name of Registered Agent)
hereby resigns as Registered Agent fo	Via Paradisus Property Owners' Association, Inc.
nereby resigns as registered regent re	(Name of Corporation)
N05000010876	
(Document Number, if known)	<del></del>
The agency is terminated and the office this statement is filed.	to the above listed corporation at its last known address.  ce discontinued on the 31st day after the date on which  (Signature of Resigning Agent)
If signing on behalf of an entity:	
Rebecca Fur	low 2019
	(Typed or Printed Name)
Agent	<b>c</b> o
	(Capacity)
	. ယ္က

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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