N05000012711

(Re	equestor's Name)			
(Ad	dress)			
(Address)				
(6)	ty/State/Zip/Phone	-1 Λ		
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SECRETARY OF STATE

Reg Registered Agent

COVER LETTER

10:	Division of Corporations	
SURI	Lee Vista Square Homeowners Association, Inc.	
5005	(Name of Co	rporation)
DOC	UMENT NUMBER: N05000012711	
The e	nclosed Resignation of Registered Agent for a C	orporation and fee are submitted for filing.
Please	e return all correspondence concerning this matte	er to the following:
Lisa V	Veathers	
	(Name of Person)	
Leland	d Management, Inc.	
	(Name of Firm/Company)	
6972 I	Lake Gloria Blvd.	
	(Address)	
Orland	do, FL 32809	
	(City/State and Zip Code)	
For fu	urther information concerning this matter, please	call:
Raiza	Alicea 407	982-1732
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections 6	507.0503(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, Lela	and Management, Inc.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Lee Vista Square Homeowners Association, Inc.	
nereby resigns as Registered Agent for	(Name of Corporation)	
N05000012711		
(Document Number, if known)	_	
A copy of this resignation was mailed	to the above listed corporation at its last known	own address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date	on which
Li becc	ignature of Resigning Agent)	
If signing on behalf of an entity:		
Rebecca Furlow		s 20
	(Typed or Printed Name)	弱星可
President		FTAR ETAR
	(Capacity)	SECRETARY OF STA

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\$87.50 - Active Corporation\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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