N66000001217

(Requestor's Name)				
(Address)				
	(Ac	ldress)	11 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	
	(Cir	ty/State/Zip/Phone	e #)	
	PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)				
(Document Number)				
Certified Copies		Certificates of Status		
Special Instructions to Filing Officer:				
EIV.				
RYTIENV 2017 HAY - L AM	SLUAL AND STANTAS			

Office Use Only



200298521572

05/02/17--01004--013 **87.50

S. TALLENT MAY 0 9 2017

R/A Lengn

FILES 90 TIGALO

COVER LETTER

TO: Amendment Section **Division of Corporations** Meadows at Sunnyside Homeowners Association, INC. (Name of Corporation) DOCUMENT NUMBER: N06000001217 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Walters (Name of Person) **Leland Management** (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: Sarah Walters

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Approved - S. Walters

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.150	99, or 617.1509,
Florida Statutes, the undersigned, Leland Management, INC.	
(Name of Registered Ag	gent)
hereby resigns as Registered Agent for Meadows at Sunnyside Homeowi	ners Association, INC.
(Name of Corporatio	n)
N0600001217	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at i	ts last known address.
The agency is terminated and the office discontinued on the 31st day after this statement is filed.	er the date on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Rebecca Furlow	DAG NO TO
(Typed or Printed Name)	
Agent	
(Capacity)	

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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