NO6000001696

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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TO:

Amendment Section

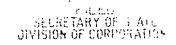
COVER LETTER

DOCUMENT NUMBER: N0600001696	Corporation)
The enclosed Resignation of Registered Agent for a	a Corporation and fee are submitted for filing
Please return all correspondence concerning this ma	atter to the following:
(Name of Person)	
Leland Management	
(Name of Firm/Company)	
6972 Lake Gloria Blvd	
(Address)	
Orlando, FL 32809-3200	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Romary Henriquez 40	07 982-2866
(Name of Person) at (A	Area Code & Daytime Telephone Number)

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



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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Leland Management
(Name of Registered Agent)
hereby resigns as Registered Agent for Hammock Trails Homeowners Association, Inc.
(Name of Corporation)
N0600001696
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Like Julian (Signature of Resigning Agent)
If signing on behalf of an entity:
Rebecca Furlow
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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