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## **COVER LETTER**

Division of Corporations		
SUBJECT: Willow Oak Home	eowners	Association, Inc
	Name of Corpora	tion)
The enclosed Resignation of Registered Age		ration and fee are submitted for filing.
Please return all correspondence concerning		
Lisa Weathers		
(Name of Person)		_
Leland Management, Inc	C.	
(Name of Firm/Company)		_
6972 Lake Gloria Blvd		
(Address)		_
Orlando, FL 32809		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call:	
Lisa Weathers	407	447-9955 e & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & 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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	s 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,	
Florida Statutes, the undersigned, $\perp$	eland Management, Inc.		
	(Name of Registered Agent)		
hereby resigns as Registered Agent fo	or Willow Oak Homeowners Ass	ociation, \ \	JC.
nereby resigns as registered regent to	(Name of Corporation)	<del></del>	
N06000004842			
(Document Number, if known)	<del></del>		
-	d to the above listed corporation at its last known discontinued on the 3 lst day often the date		
this statement is filed.	(Signature of Resigning Agent)	on which	
If signing on behalf of an entity:		2020 FEB SECRED FALL ARK	
Rebecca Fu			
	(Typed or Printed Name)	9388 7. 7.	
Agent	(Capacity)	PH 2: 11	
		₽.	

## <u>Fee for filing this document:</u> \$87.50 - Active Corporation

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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