NO6 000005198

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





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11/09/20--01009--021 ++97.50

1020 NOV -9 PH 1: 02 SECRETARY OF STATE

12/17/20



COVER LETTER

TO:	Amendment Section		
	Division of Corporations		
SUBJ	Sweetwater Ridge Townhomes Own		
		(Name of Corpor	ation)
DOC	UMENT NUMBER: N06000005198		
The e	enclosed Resignation of Registered A	gent for a Corpo	oration and fee are submitted for filing.
Please	e return all correspondence concernir	ng this matter to	the following:
Lisa V	Veathers		
	(Name of Person)		-
Leland	d Management		
	(Name of Firm/Company))	_
6972 I	Lake Gloria Blvd		
	(Address)		_
Orland	do, FL 32809		
	(City/State and Zip Code)	<u> </u>	
For fi	urther information concerning this ma	atter, please call	;
Berna	dette Carlisle	407 at (781-5781
	(Name of Person)	(Area Co	de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT 2020 NOV -9 PM 1: 02 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSE . FL

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Leland Management, Tyrc.
(Name of Registered Agent)
nereby resigns as Registered Agent for Sweetwater Ridge Townhomes Owners Association, Inc
(Name of Corporation)
N06000005198
(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 his statement is filed. Level A
f signing on behalf of an entity:
(Typed or Printed Name)
President
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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