

N06000

007 197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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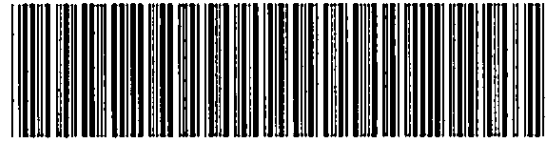
(Business Entity Name)

(Document Number)

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19 DEC 26 AM 8:36  
DIVISION OF CORPORATIONS

DEC 28 2019  
C. H. H. H. H.

## COVER LETTER

19 DEC 26 AM 8:36

TO: Amendment Section  
Division of Corporations

SUBJECT: HAWTHORNE RESERVE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N06000007197

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:

Alex Govan

(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:

Alex Govan

407

906-0492

at (

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RECEIVED  
19 DEC 26 AM 8:36  
FLORIDA DEPARTMENT OF STATE

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Leland Management, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for HAWTHORNE RESERVE CONDOMINIUM ASSOCIATION, Inc.

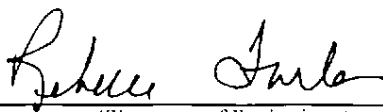
(Name of Corporation)

N06000007197

(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.



(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