

| (Re | questor's Name) | |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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07/18/18--01018--029 **81.50

FILED 2018 JUL 18 AMII: 47 SECRETARY OF STATE TALLAHASSEE.FLORIDA

C. GOLDEN JUL 2 0 2018

COVER LETTER

TO: Amendment Section **Division of Corporations**

FOREST RIDGE HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

(Name of Corporation)

DOCUMENT NUMBER: NO6000007400

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:

Rebecca Furlow

(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:

Cabrini Bolden

(Name of Person)

at (<u>407</u>)<u>469-5950</u> (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

2018 JUL 18 AM 11: 48

FILED

SECRETARY DF STATE Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or JALLAHASSEE.FLORIDA Florida Statutes, the undersigned, LELAND MANAGEMENT

(Name of Registered Agent)

hereby resigns as Registered Agent for _____

(Name of Corporation)

N0600007400

(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Tailahassee, FL 32314