N06000007402

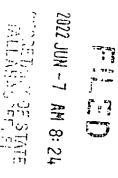
| (Req | uestor's Name) | |
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| (Alda | (633) | |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nai | me) |
| (Грос | ument Number) | |
| (Doc | ument Humber, | 1 |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer; | |
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Office Use Only



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A. BUTLER AUG 2 3 2022

COVER LETTER

TO: Amendment Section Division of Corporations

IRIECT: Lakeside Community Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N0600007402

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:

Lisa Weathers

(Name of Person)

Leland Management, Inc

(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:

Nora Pacheco

, 407, 982-4395

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6 | | ١. | |
|--|-----------|--------------|------|
| Florida Statutes, the undersigned, Leland Management, In- | <u>C</u> | | _ |
| (Name of Registered Agent) | | | |
| hereby resigns as Registered Agent for Lakeside Community Associated Agent for Lakeside Community Agent for Lakeside Co | ciation | , Inc | |
| (Name of Corporation) | | | |
| N06000007402 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above listed corporation at its last | known a | ddress | 8. |
| The agency is terminated and the office discontinued on the 31st day after the of this statement is filed. | date on w | | |
| Lebecea Fur low | ALLA | 7 - MNF 2202 | |
| (Signature of Resigning Agent) | | <u>,</u> | , . |
| If signing on behalf of an entity: | 3.00 | | \$ |
| Rebecca Furlow | JATE - | AM 8: 24 | وسيع |
| (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