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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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07/11/13--01008--025 **87.50



A Resign, 7-16-13

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Old Sebastian Point Homeowners Assn.Inc (Name of Corporation) DOCUMENT NUMBER: 20-5760034 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: Danielle Foreman (Name of Person) Alsop Property Management (Name of Firm/Company) P.O. Box 1389 St. Augusting, FL 32085 (City/State and Zip Code) For further information concerning this matter, please call: Danielle Foreman

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,
Florida Statutes, the undersigned, Leland Management, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for OLD SEBASTIAN POINT HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)
20-5760034
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Rebecca Furlow 全角 に
(Typed or Printed Name)
To R
President 🛒 📆 📆
(Capacity)
5. 一

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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