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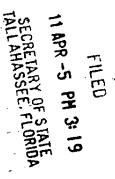
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

SUBJECT: San Marco Place Condominium Association, Inc.
(Name of Alien Business Organization)
DOCUMENT NUMBER: N06000013041
The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy Baez
(Name of Person)
Leland Management
(Name of Firm/Company)
6972 Lake Gloria Blvd
(Address)
Orlando FL 32809-3200
(City/State and Zip Code)
For further information concerning this matter, please call:
Nancy Veale (Name of Person) at (904) 307-5017 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for: \$87.50 Filing fee \$140.00 (\$87.50 Filing Fee and \$52.50 for Certified Copy)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR AN ALIEN BUSINESS ORGANIZATION

Pursuant to the provisions of section 607.0502(2) Florida Statutes,			
the undersigned, Leland Management			
(Name of Registered Agent)			
hereby resigns as Registered Agent for San Marco Place Condominium As (Name of Alien Business Organization)	ssn, Inc) .	
N06000013041			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed alien business organization known address. The agency is terminated and the office discontinued on the 31st day after the date on within statement is filed. (Signature of Resigning Agent)		ast	
If signing on behalf of an entity:	ECR LLA	1 APR	
Leland Management (Typed or Printed Name)	ARY OF SSEE, F	ઝૅ-5 P¥ છઃ	FILED
Registered Agent	RIE DE	9	

Filing Fee: \$87.50 Certified Copy: \$52.50

(Capacity)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314