

NO7000002240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

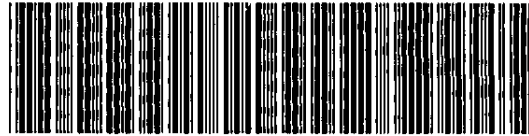
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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300185467773

10/08/10--01019--012 \*\*52.50

09/24/10--01031--006 \*\*35.00

EA ksy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 21 PM 3:51

Roberts OCT 21 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 OCT 21 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 8, 2010

NANCY BAEZ  
LELAND MANAGEMENT  
6970 LAKE GLORIA BLVD  
ORLANDO, FL 32809-3200

SUBJECT: CITYVIEW CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N07000002240

Upon receipt of your letter and/or check(s) totaling \$87.50, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 910A00023959



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2010

NANCY BAEZ  
LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809-3200

SUBJECT: CITYVIEW CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N07000002240

RECEIVED  
10 OCT - 8 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CITYVIEW CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 010A00022834

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CITYVIEW CONDOMINIUM ASSOCIATION INC.  
(Name of Corporation)

DOCUMENT NUMBER: NO7000002240

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:

Nancy Baez

(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:

David Leavitt

(Name of Person)

at ( 727 ) 584-6717

(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

FILED

10 OCT 21 PM 3:51

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, Leland Management

(Name of Registered Agent)

hereby resigns as Registered Agent for Cityview Condominium Association, Inc.

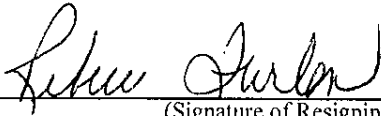
(Name of Corporation)

N07000002240

(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:

Leland Management

(Typed or Printed Name)

Registered 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**