

0700000 4659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

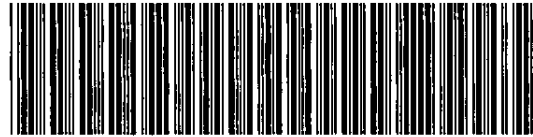
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000238529240

000238529240  
08/16/12--01016--004 \*\*87.50

FILED  
2012 AUG 16 P 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR 16*  
AUG 20 2012  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Regal Oaks at Old Town Owners Association, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** N07000004659

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:

**Laura Sherman**

(Name of Person)

**Guest Services**

(Name of Firm/Company)

**8545 W Irlo Bronson Hwy**

(Address)

**Kissimmee, FL 34747**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Laura Sherman**

(Name of Person)

at ( **321** ) **929-7000**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

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 Regal Oaks at Old Town Owners Assn, Inc

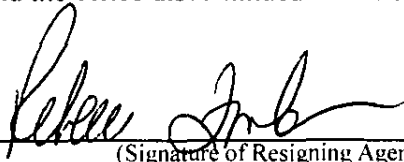
(Name of Corporation)

N07000004659

(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

2012 AUG 16 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314