

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)	—			
(Document Number)				
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04/01/24--01048--026 **87.50



18. HUNT C//c//24

COVER LETTER

Veronica Bross (Name of Person)	at (407 (Area C	982-3129) ode & Daytime Telept	hone Number)	
For further information concerning this	matter, please ca	II:	25 ATE	
(City/State and Zip Co	ode)			-
Orlando, FL 32809			PM12: 25	
(Address)				
6972 Lake Gloria Blvd.				
(Name of Firm/Compa	any)		(*************************************	
Leland Management, Inc.			2	
(Name of Person)				
Lisa Weathers				
Please return all correspondence conce	rning this matter t	o the following:		
The enclosed Resignation of Registered	d Agent for a Corp	poration and fee are	submitted for filing.	
DOCUMENT NUMBER: N07000005211				
N07000005211	_	ration		
SUBJECT: MAGNOLIA PARK AT RIVER	(Name of Corpo		NC	
Division of Corporations				
TO: Amendment Section				

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ruisuant to the provisions of secti	ons 607.0502(2), 617.0502(2), 607.150	19, or 617.1509,	
Florida Statutes, the undersigned,	Leland Management, Inc.		
	(Name of Registered As	zent)	
hereby resigns as Registered Agen	Magnolia Park at Riverview Homeowne	ers Association, Inc.	
maree, reingille de reguliered rigen	(Name of Corporation)		
N07000005211			
(Document Number, if known)			
A copy of this resignation was ma	iled to the above listed corporation at it	ts last known address.	
The agency is terminated and the other statement is filed.	office discontinued on the 31st day afte	r the date on which	
_ Ki bee	(Signature of Resigning Agent)		
If signing on behalf of an entity:			
Rebecca Furlow			
	(Typed or Printed Name)		
		SS P	
President		PN 12: 2	
	(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\$87.50 - Active Corporation.\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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