

N07 0000005804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM SQUARE AT BELLE ISLE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N07000005804

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:

LISA WEATHERS

(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:

GERALDINE MARRERO

(Name of Person)

at (407)

781-5793

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(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 PALM SQUARE AT BELLE ISLE CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

N07000005804

(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.

Rebecca Furlow

(Signature of Resigning Agent)

If signing on behalf of an entity:

REBECCA FURLOW

(Typed or Printed Name)

PRESIDENT

(Capacity)

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FILED

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withdrawn corporation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