

N10 000000-5000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

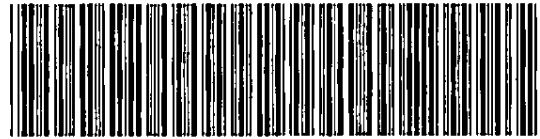
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 19 AM 11:00

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RA Resignation

MAR 08 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mabel Bridge Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N10000008030

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 Inc

(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:

Susan Dean

(Name of Person)

at (**407**) **781-1480**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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, Inc.

(Name of Registered Agent)

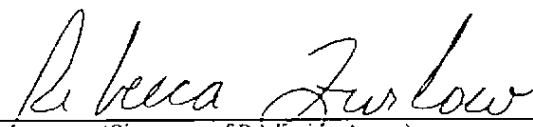
hereby resigns as Registered Agent for Mabel Bridge Homeowners Association, Inc.
(Name of Corporation)

N10000008030

(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)

President

(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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2022 DEC 19 AM 11:00

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