## N12218

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	SEYCHELLES CONDOMINIUM MANAGEMENT ASSOCIAITON INC
	(Name of Corporation)
DOC	MENT NUMBER: N12218
The er	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Tim	Huntsman
	(Name of Person)
Lela	and Management Inc
	(Name of Firm/Company)
697	2 Lake Gloria Blv d
	(Address)
Orla	ando, FL 32809
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
Tim	Huntsman (Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amendo Division Clifton 2661 I	Address: Iment Section On of Corporations On of Corporations On Secutive Center Circle 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, INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for SEYCHELLES CONDOMINIUM MANAGEMENT ASSOCIAITON, INC.
(Name of Corporation)
N12218
(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:
Daniel Furlow

(Typed or Printed Name)

(Capacity)

## Fee for filing this document:

Agent

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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