# 1113000005860

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
<i>(</i>	uress,	
(Cit	ry/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(50	Sinoss Entity Nam	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
· · · · · · · · · · · · · · · · · · ·	Office Use On	lv



300264888893

10/10/14--01006--018 \*\*87.50

RETARY OF STATE

0CT 21 2014 T. CARTER

RA Rosiso

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Krenson Woods Home Owners Assoc Inc.

(Name of Corporation)

DOCUMENT NUMBER: N13000005860

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:

#### Andrew Rinehart

(Name of Person)

### Creative Association Services, Inc.

(Name of Firm/Company)

250 Ave K SW, #100

Winter Haven, FL 33880

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Rinehart

(Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporat or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

21 S

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

14 OCT 10 PM 4: 19

Florida Statutes, the undersigned, Leland Management		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Krenson Woods Home Owners Assoc Inc.		
(Name of Corporation)		
N1300005860		
(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)		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active Corporation