## N1300006431

(Re	equestor's Name	)
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ıme)
(Do	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	J. HORNE
		SEP 2 7 2023

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## **COVER LETTER**

Division of Corporations		
Mill Creek at Kendal	I Town Home	owners Association, Inc.
DOCUMENT NUMBER: N1300	(Name of Corpor 0006431	ration)
The enclosed Resignation of Registered	l Agent for a Corpe	oration and fee are submitted for filing.
Please return all correspondence concer	rning this matter to	the following:
Lisa Weathers		
(Name of Person)		
Leland Management		
(Name of Firm/Compa	any)	
6972 Lake Gloria Blvd		
(Address)		
Orlando. FL 32809		
(City/State and Zip Co	ode)	
For further information concerning this	matter, please call	l:
Sheraz Malik	407	901-3908
(Name of Person)	at (at (Area Co	de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Eland Management  (Name of Registered Agent)  Mill Crock at Kondall Town Homogyware Association   10.0502
hereby resigns as Registered Agent for  Mill Creek at Kendall Town Homeowners Association, Inference of Composition)
(Name of Corporation)
N1300006431
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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