

N14000003865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

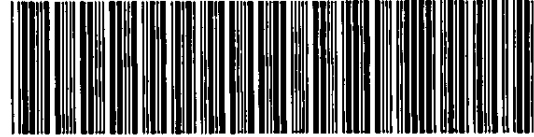
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600291663076

10/31/16--01017--028 **87.50

16 OCT 31 4:10:51
Office of the Secretary of State

NOV 02 2016
C McNAIR

COVER LETTER

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 OCT 31 AM 10:51

Scanned

TO: Amendment Section
Division of Corporations

SUBJECT: The Villas At Nocatee Association, Inc
(Name of Corporation)

DOCUMENT NUMBER: N14000003865

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:

Sarah Walters
(Name of Person)

Leland Management Inc
(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:

Sarah Walters at 407 469-5304
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
18 OCT 31 AM 10:51

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 The Villas At Nocatee Association, Inc

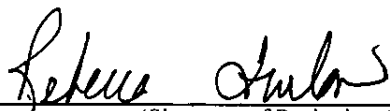
(Name of Corporation)

N14000003865

(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)

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**

Scanned