

NI41000010159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

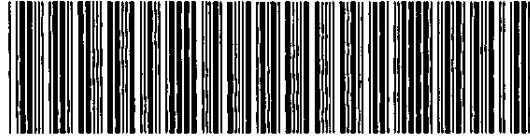
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700273595647

06/05/15--01009--012 **87.50

RIARES
JUN 12 2015
R. WHITE

15 JUN -5 11:3:22
FALLS CHURCH, VA
FALLS CHURCH, VA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sawgrass Lakes Community Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N14000010159

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:

Henry Richer

(Name of Person)

First Service Residential

(Name of Firm/Company)

3055 Cardinal Drive Suite 200

(Address)

Vero Beach, FL 32963

(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Richer

(Name of Person)

at (772) 562-9031

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

15 JUN -5 PM 3:22

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 Sawgrass Lakes Community Association, Inc.

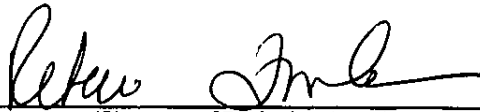
(Name of Corporation)

N14000010159

(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