11100010163

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(2000000 2000)		
(Document Number)		
Certified Copies Certificates of St	atus	
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SECRETARION STATE

COVER LETTER

Division of Corporations
SUBJECT: Esplanade at Highland Ranch HOA
(Name of Corporation)
DOCUMENT NUMBER: N14000010163
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:
Lisa Weathers
(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:
Raiza Alicea at (
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections 607	(.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Lelan	nd Management, Inc.
5 / 	(Name of Registered Agent)
hereby resigns as Registered Agent for	Esplanade at Highland Ranch HOA
	(Name of Corporation)
N14000010163	
(Document Number, if known)	•
A copy of this resignation was mailed to t	the above listed corporation at its last known address.
The agency is terminated and the office dethis statement is filed.	iscontinued on the 31st day after the date on which
(Sign	ature of Resigning Agent)
If signing on behalf of an entity:	2024 AUG SECOT 17 FALLAHA
Rebecca Furlow	SSE 27 F
(Ту	yped or Printed Name)
	FLS 1
President	## ## ## ## ## ## ## ## ## ## ## ## ##

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)