

(Re	equestor's Name)	
(Ad	ldress)	
(Âd	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600273595656

06/05/15--01009--013 \*\*87.50

UN 12 2015
R WHITE

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** The Estates at Sawgrass Lakes Neighborhood Assoc. Inc. (Name of Corporation) DOCUMENT NUMBER: N14000010211 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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

15 JJN -5 PM 3:27

## RESIGNATION OF REGISTERED AGENT: A STATE FOR A CORPORATION FLAULAMASSEL, FLORIDA

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Lela	and Management, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	The Estates at Sawgrass Lakes Neighborhood Assoc. Inc.
	(Name of Corporation)
N14000010211	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which  gnature of Resigning Agent)
If signing on behalf of an entity:	
Rebecca Furlo	
	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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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