# N14000010723

(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:			
233334			

Office Use Only



000384000080

03/22/22--01007--024 \*+87.50

2022 MAR 22 AM 9:52 Seure Landon State Tait Landspert

4 4/8/2022

### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	LAKEVIEW POINTE AT HORIZON WEST HOMEOWNERS ASSOCIATION, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: N14000010723
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Lisa V	Weathers
	(Name of Person)
Lelan	d Management, Inc.
	(Name of Firm/Company)
6972	Lake Gloria Blvd.
	(Address)
Orlan	do, FL 32809
-	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Alex (	Govan 407 906-0492 at ( )
-	(Name of Person) at (

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provision	ns of sections 607.0503(2), 617.0502(2), 607.1509, or 617.	.1509.	
Florida Statutes, the und	ersigned. Leland Management, Inc.		
	(Name of Registered Agent)  LAKEVIEW POINTE AT HORIZON WEST HOMEOWNERS ered Agent for ASSOCIATION, INC.	<del></del>	
neredy resigns as Regist	(Name of Corporation)		
N14000010723			
(Document Number	if known)		
A copy of this resignation	on was mailed to the above listed corporation at its last kno	wn address.	
The agency is terminated this statement is filed.	d and the office discontinued on the 31st day after the date  (Signature of Resigning Agent)		
If signing on behalf of a	n entity:	2022 MAR 22 SEUNE : TALLAHÀS	<b>V</b>
Rebecca	a Furlow	R 2:	Carrier Services
Preside	(Typed or Printed Name)	AH 9:	
rreside		′ ≘ 5	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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