N14000010733

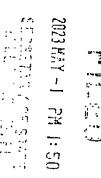
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Ra Resignation

JUL 2 7 2023

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Harmony at Lakewood Ranch Maste	Association, Inc.	
	ime of Corporation)	
DOCUMENT NUMBER: N14000010733		
The enclosed Resignation of Registered Age	it for a Corporation and f	ee are submitted for filing.
Please return all correspondence concerning	his matter to the following	ng:
Lisa Weathers		
(Name of Person)		
Leland Management, Inc.		
(Name of Firm/Company)		
6972 Lake Gloria Blvd		
(Address)	1	202 \$ 7
Orlando, FL 32809		2023 KAY - I
(City/State and Zip Code)		ورسین کسر است. معربین ا
For further information concerning this matte	r, please call:	Telephone Number)
Nora Pacheco	at (407) 982-4395	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.	.0503(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 H	larmony at Lakewood Ranch Master Association,	Inc.	
, , , , , , , , , , , , , , , , , , , ,	(Name of Corporation)		
N14000010733			
(Document Number, if known)			
A copy of this resignation was mailed to the	he above listed corporation at its last kno	own address.	
The agency is terminated and the office dithis statement is filed. (Signal)	scontinued on the 31st day after the date	on which	
If signing on behalf of an entity:		2023 KAY	be'''', sky
	Rebecca Furlow		ب ب م
(Typed or Printed Name)		16 ± 1	
	President	S1	
	(Capacity)	C 0	

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