11/500000334/

(Re	questor's Name)	
(Δα	dress)	
(Au	uiess)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Da	ocument Number)	
(UC	cument Number)	
Certified Coples	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
,		
		:

Office Use Only



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Mail

COVER LETTER

TO: Amendment Section Division of Corporations	
定: Highlands at Summerlake Groves HOA, Inc. SUBJECT: <u>fn</u>	
(Name of Corporat	ion)
DOCUMENT NUMBER: N15000003341	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
,	J
(Name of Person)	
Leland Management	
(Name of Firm/Company)	-
6972 Lake Gloria Blvd	
(Address)	-
Orlando, FL 32809-3200	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Lisa Weathers 407	781-1404
	& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provis	ions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Stätutes, the u	Indersigned, Leland Management
ulfi-	(Name of Registered Agent)
hereby resigns as Reg	istered Agent for Highlands at Summerlake Groves HOA, Inc.
	(Name of Corporation)
N15000003341	
(Document Num	per, if known)
A copy of this resigna	tion was mailed to the above listed corporation at its last known address.
The agency is termina this statement is filed.	ated and the office discontinued on the 31st day after the date on which
	Le breca Aurlow
	(Signature of Resigning Agent)
If signing on behalf or	fan entity:
Reb	ecca Furlow
	(Typed or Printed Name)
Age	nt ·
	(Capacity)
	Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved
	withdrawn corporation SSE C SSE C T SSE C SSE C T SSE C T SSE C SS
N	1ake checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

Tallahassee, FL 32314