# NI7 000 000 ZZ4

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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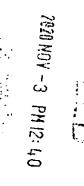


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#### **COVER LETTER**

то:	Amendment Section Division of Corporations
SUBJE	ECT: Coastal Oaks at Atlantic Beach Owner Association, Inc.
00311	(Name of Corporation)
DOCU	MENT NUMBER: N17000000224
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Lisa V	Veathers
	(Name of Person)
Leland	d Management, Inc.
	(Name of Firm/Company)
6972	Lake Gloria Blvd.
	(Address)
Orland	do, FL 32809
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Lisa V	Veathers at ( 407 ) 781-1404 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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)	
nereby resigns as Registered Agent for Coastal Oaks at Atlantic beach Owner Association, Inc.	
(Name of Corporation)	
N17000000224	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.  X  (Signature of Resigning Agent)  Rebecca Furlow  (Typed or Printed Name)	77 E T
if signing on behalf of an entity:	1
Rebecca Furlow 75	<b>4</b> 2
(Typed or Printed Name)	
President	
(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