# N17000012260

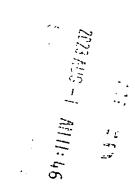
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(0.1). Oktober 1.5.
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
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Special Instructions to Filing Officer:
RA Resign
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S. CHATHAM AUG 2 8 2023

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#### **COVER LETTER**

TO:	: Amendment Section Division of Corporations	
SUBI	Bayside Terrace Homeowners Association, Inc. BJECT:	
., () 1,,	(Name of Corporation)	
DOC	CUMENT NUMBER: N17000012260	
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted	ed for filing
Pleas	se return all correspondence concerning this matter to the following:	
Lisa V	Weathers	
	(Name of Person)	
Leland	nd Management	
<del></del>	(Name of Firm/Company)	
6972 1	Lake Gloria Blvd	
	(Address)	
Orland	ndo , FL 32809	
	(City/State and Zip Code)	
For fi	further information concerning this matter, please call:	
Nora I	1 Pacheco 407 982-4395	
<del></del>	(Name of Person) (Area Code & Daytime Telephone Nu	mber)

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of State for \$87,50 for an active corporation or \$35,00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	607.0503(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned, Lela	ind Mangement, Inc.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Bayside Terrace Homeowners Association, Inc.	
Hereby resigns as registered rigent for		
N17000012260		
(Document Number, if known)	_	
	to the above listed corporation at its last known e discontinued on the 31st day after the date	
this statement is filed.  Like C	Signature of Resigning Agent)	2023 AUG.
If signing on behalf of an entity:		
Rebecca Furlow		
<u></u>	(Typed or Printed Name)	. <b>6</b>
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