118 00000 2052

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Ottyrolaterziph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:

Office Use Only



400430395244

06/05/5/--11018--013/ +-87.50



COVER LETTER

SUBJECT: (Name of Corporation)	
DOCUMENT NUMBER: N18000002052	
The enclosed Resignation of Registered Agent for a Corporation and fee	are submitted for filing.
Please return all correspondence concerning this matter to the following:	
Lisa Weathers	
(Name of Person)	
Leland Management, Inc.	
(Name of Firm/Company)	2024
6972 Lake Gloria Blvd.	2024 JUH
(Address)	ر ا
Orlando, F1., 32809	
(City/State and Zip Code)	10:0
For further information concerning this matter, please call:	00
Paula Angarita 407 216-5481 at ()	
(Name of Person) (Area Code & Daytime T	elephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO: Amendment Section

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 section	ons 607,0503(2), 617,0502(2), 607,1509, or 617	7.1509,
Horida Statutes, the undersigned.	Leland Management, Inc.	
Plonda Statutes, the undersigned.	(Name of Registered Agent)	
and the state of August August	MILL CREEK NORTH HOMEOWNERS ASSOC	CIATION INC.
hereby resigns as Registered Agent	(Name of Corporation)	
N48000002052		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last kn	own address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date (Signature of Resigning Agent)	
If signing on behalf of an entity:		2024 JUN -5
Rebeca Furlow		5 ** =
• <u>•</u> • • • • • •	(Typed or Printed Name)	- 15 5
		AM 10: 00
President		0
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved withdrawn corporation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