N18000004909

(Re	equestor's Name))
(A:	ddress)	
(Ac	ddress)	···
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
Watermark at Horizon West Townhome Owners' Ass	sociaiton, Inc.
(Name of Corp	oration)
DOCUMENT NUMBER: N1800004909	
The enclosed Resignation of Registered Agent for a Cor	poration 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)	
6972 Lake Gloria Blvd.	
(Address)	
Orlando, FL 32809	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Geraldine Marrero 407	781-5793) Code & Daytime Telephone Number)
(Name of Person) (Area C	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned.	Leland Management, Inc.
Total statutes, the anticestgued.	(Name of Registered Agent)
hereby resigns as Registered Agent	Watermark at Horizon West Townhome Owners' Association, Inc.
norchy realgan as registeres rigers	(Name of Corporation)
N18000004909	
(Document Number, if known)	
A copy of this resignation was mail	led to the above listed corporation at its last known address.
The agency is terminated and the orthis statement is filed.	Reca Hus low
/	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Rebecca Furlow	
VI-74 P-1-4	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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