## N18000011443

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Centificates	of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Dillard Pointe Homeowners Association, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: N18000011443		
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)		
6972 Lake Gloria Blvd.		
(Address)		
Orlando, FL 32809	63 6	. <u>.</u>
(City/State and Zip Code)	35.5. 2023	5
For further information concerning this matter, please call:		) <b>***</b> *
Geraldine Marrero at ( 407 ) 781-5793		
(Name of Person) (Area Code & Daytime Telephone Number)	() () () () ()	ب الس
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an act or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation	iye co <del>ll</del> n.	oration

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 60	17.0503(2), 617.0502(2), 607.1509, or 617.	1509,	
Florida Statutes, the undersigned, Le	eland Management, Inc.		
	(Name of Registered Agent)	<del></del>	
hereby resigns as Registered Agent for _	Dillard Pointe Homeowners Association, Inc.		
	(Name of Corporation)		
N18000011443			
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last known	wn address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which	
Li hee	ca Zur. Low gnature of Resigning Agent)		
If signing on behalf of an entity:			
Rebecca Furlow		202:	
(	Typed or Printed Name)		
President		2023 DEC 27	7 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Capacity)	W 9: 10	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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