## N21236

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
NOV 9 2021

Office Use Only



800374360218

10/26/21--01011--009 \*\*87.50

2021 OCT 26 AM 11: 20 SECRETARY TENED

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: WESTCHESTER ASSOCIATION AT METROWEST, INC
(Name of Corporation)
DOCUMENT NUMBER: N21236
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
(City/State and Zip Code)
For further information concerning this matter, please call:
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

## RESIGNATION OF REGISTERED AGENT 26 AM | 1:20

SECRETARY OF STATE

Pursuant to the provisions of sections 607.6	0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Leland Management, Inc.
•	(Name of Registered Agent)
hereby resigns as Registered Agent for WE	STCHESTER ASSOCIATION AT METROWEST, INC.
	(Name of Corporation)
N21236	
(Document Number, if known)	
A copy of this resignation was mailed to th	e above listed corporation at its last known address.
this statement is filed.	Secontinued on the 31st day after the date on which
, (Signat	ture of Resigning Agent)
If signing on behalf of an entity:	
F	Rebecca Furlow
(Тур	ned 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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