## N22000003073

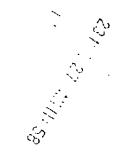
(Requ	uestor's Name)
(Addr	ess)
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(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Docu	iment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	UEC 18 2023

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## **COVER LETTER**

ТО:	Amendment Section Division of Corporations
SUBJ	Windsor Reserve Community Association
DOC	UMENT NUMBER: N22000003073
	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Lisa	Weathers
	(Name of Person)
Lelar	nd Management
	(Name of Firm/Company)
6972	Lake Gloria Blvd
	(Address)
Orlar	ndo, FL 32809
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Adria	ana Thompson 352 432-0818
	(Name of Person) at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT. FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Leland Management
(Name of Registered Agent)
Windsor Reserve Community Association
hereby resigns as Registered Agent for (Name of Corporation)
N22000003073
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
Rebecca Furlow
(Typed or Printed Name)
President
(Gapacity)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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