# N5121160

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
SICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer.		
	J. HORN AUG 25	E
	AUG 25	2023

Office Use Only



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#### **COVER LETTER**

Division of Corporations	
SUBJECT: Surf Club Condominium Association, Inc.	
(Name of Corpor	ation)
DOCUMENT NUMBER: N51276	-1,
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Lisa Weathers	
(Name of Person)	<del></del>
Leland Management, Inc.	
(Name of Firm/Company)	<u> </u>
6972 Lake Gloria Blvd	
(Address)	<del>_</del>
Orlando, FL 32809	
(City/State and Zip Code)	<del>_</del>
For further information concerning this matter, please call	:
Rudol Thomas 407	469-5304
(Name of Person) at (Area Co	469-5304 ) de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	Leland Management, Inc.
, which continues the uniterrighten	(Name of Registered Agent)
hereby resigns as Registered Agei	or for Surf Club Condominium Association, Inc.
nereny resigns as regimered reger	(Name of Corporation)
N51276	
(Document Number, if known)	<del></del>
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which
Reh	eca Jurlow
7	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Rebecca Furlow	
	(Typed or Printed Name)
President	
<del></del>	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1, 32314