

N93 0000004993

(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:

Office Use Only



300341509683

03/02/20--01029--002 \*\*87.50

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
2020 MAR -2 PM 2:52

QV  
3/17/20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cande Creek Villas Homeowners Association.  
(Name of Corporation)

DOCUMENT NUMBER: N930000004993

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:

Leslie Ludlam  
(Name of Person)

Association Management Group of  
Central FL, Inc.  
(Name of Firm/Company)

101 Park Place Blvd., Suite 2  
(Address)

Kissimmee FL 34741  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Ludlam at ( 407 ) 847-9950  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Association Management Group of Central FL Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent CANOE CREEK VILLAS HOMEOWNERS ASSOCIATION, INC  
(Name of Corporation)

N93000004993  
(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.

hesli shudam, President  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
CLERK OF COURT  
DIVISION OF CORPORATIONS  
2020 MAR -2 PM 2:52

**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