

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



10030501406

10/30/17--01029--018 🚧87.50

1 27 0 1 2017

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Cypress Lar	nding of Orange	County HOA, Inc.
DOCUMENT NUMBER: N94		illon)
The enclosed Resignation of Reg	gistered Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence	concerning this matter to	the following:
		_
(Name of I	,	
Leland Manageme		
(Name of Firm	/Company)	
6972 Lake Gloria	Blvd.	
(Addre	ss)	_
Orlando, FL 3280	9	
(City/State and		-
For further information concerni	ng this matter, please call:	
Romary Henrique (Name of Person)	z _{at (} 407	982-2866
(Name of Person)	(Area Cod	de & Daytime Telephone Number)
		nt of State for \$87.50 for an active corporationsolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporati Post Office Box 6327	ons

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 6 Florida Statutes, the undersigned, Leland Management	
(Name of Regis	
hereby resigns as Registered Agent for Cypress Landing of O	range County HOA, Inc.
(Name of Co	rporation)
N94000002765	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation. The average is terminated and the office discontinued on the 3-1st decimal of the continued on the 3-1st decimal of	
The agency is terminated and the office discontinued on the 31st d this statement is filed.	ay after the trate on which
Rebulla Aurum (Signature of Resigning Agent)	
If signing on behalf of an entity:	· <u>*</u>
Rebecca Furlow	

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

Agent

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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