N9500000 4896

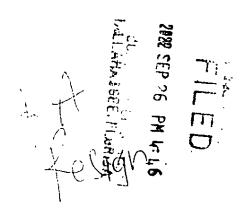
(Ře	equestor's Name)	
(Ad	ldress)	
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(Ĉi	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT: High Vista	at Ridgewood Lakes Homeowners Association, Inc
	(Name of Corporation)
DOCUMENT NUMBI	ER:N95000004896
The enclosed Resignati	ion of Registered Agent for a Corporation and fee are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
Lisa Weathers	
((Name of Person)
Leland Management, Inc	i.
(Nar	me of Firm/Company)
6972 Lake Gloria Blvd.	
	(Address)
Orlando FL, 32809	
(City	y/State and Zip Code)
For further information	r concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sectio	is 607.050.	3(2), 617.0502(2), 6	07.1509, or 6	17.1509,	
Florida Statutes, the undersigned.	Leland Management, Inc.				
	(Name of Registered Agent)				
hereby resigns as Registered Agent	for High Vista at Ridgewood Lakes Homeowners Association, Inc.				
	(Name of Corporation)				
N95000004896					
(Document Number, if known)					
A copy of this resignation was mai	ed to the at	oove listed corporati	on at its last l	known addro	ess.
The agency is terminated and the o this statement is filed.	lucca	tinued on the 31st d	ay after the d	ate on which	h
If signing on behalf of an entity:					
F	ebecca Furlo				7999 S
	(Typed o	r Printed Name)			がた
F	esident			٠-٠ تين	-
	(Capacity)	· ·		
				Fill of Lo	,
				\$. O	•
Fee for	filing this	document:			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation

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