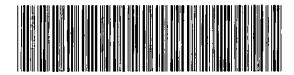
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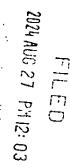
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 3. HORNE SEP - 4. 2024

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08/27/24--01008--021 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:SUNSET LAKES COMMUNITY	ASSOCIATION INC	•
SOBJECT:	(Name of Corpora	ation)
DOCUMENT NUMBER: N96000001081		
The enclosed Resignation of Registered	Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerr	ning this matter to	the following:
Lisa Weathers		
(Name of Person)		_
Leland Management, Inc.		
(Name of Firm/Compan	ıy)	- -
6972 Lake Gloria Blvd.		
(Address)		_
Orlando, FL. 32809		
(City/State and Zip Cod	le)	_
For further information concerning this r	matter, please call	
Paula Angarita	at (2165481
(Name of Person)	(Area Coo	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT 2024 AUG 27 PH 12: 01

Yursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, 6r 617.1509,
Florida Statutes, the undersigned,	Leland Management, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent	SUNSET LAKES COMMUNITY ASSOCIATION INC.
neredy resigns as registered regent	(Name of Corporation)
N96000001081	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the o this statement is filed.	office discontinued on the 31st day after the date on which Cla Juliu (Signature of Resigning Agent)
If signing on behalf of an entity:	
Rebeca Furlow	
	(Typed or Printed Name)
President	

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

(Capacity)

COVER LETTER

TO: Amendme Division o	nt Section f Corporations		
SUBJECT:	ET LAKES COMMUNITY	ASSOCIATION INC	
SODJECT		(Name of Corpora	tion)
DOCUMENT NU	MBER: N96000001081		
The enclosed Res	ignation of Registered A	Agent for a Corpor	ration and fee are submitted for filing.
Please return all c	orrespondence concern	ing this matter to	the following:
Lisa Weathers			
	(Name of Person)		<u></u>
Leland Management	, Inc.		
	(Name of Firm/Company	у)	_
6972 Lake Gloria Bl	vd.		
	(Address)		_
Orlando, FL. 32809			
	(City/State and Zip Code	e)	
For further inform	nation concerning this m	natter, please call:	
Paula Angarita		407 at (2165481
(N	ame of Person)	(Area Cod	e & 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 Tallahassec, 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

FILED 2024 AUG 27 PM 12: 01

l'ursuant to the provisions of section	ons $607.0503(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,
Florida Statutes, the undersigned,	Leland Management, Inc.
,	(Name of Registered Agent)
hereby resigns as Registered Agen	SUNSET LAKES COMMUNITY ASSOCIATION INC.
noted y resigns as registered regul	(Name of Corporation)
N96000001081	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	(Signature of Resigning Agent)
If signing on behalf of an entity:	(Signature of Resigning Agent)
Rebeca Furlow	
	(Typed or Printed Name)
President	
	(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, FL 32314

CR2E046 (12/19)