

197000001585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

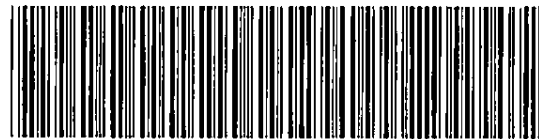
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2024 DEC -6 AM 11:49  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPRUCE CREEK PRESERVE HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N97000001585

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:

MARTHA LEDFORD

(Name of Person)

TRIAD ASSOCIATION MANAGEMENT, INC.

(Name of Firm/Company)

918 W MAIN ST.

(Address)

LEESBURG, FL 32748

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA LEDFORD

(Name of Person)

at (352) 602-4803

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
2024 DEC -6 AM 11:49  
STATE

**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, TRIAD ASSOCIATION MANAGEMENT, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for SPRUCE CREEK HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation)

N97000001585

(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.

*Martha Ledford*

(Signature of Resigning Agent)

If signing on behalf of an entity:

MARTHA LEDFORD

(Typed or Printed Name)

OWNER/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**

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Florida Statutes, the undersigned, TRIAD ASSOCIATION MANAGEMENT, INC.

(Name of Registered Agent)

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(Name of Corporation)

N97000001585

(Document Number, if known)

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*Martha Ledford*

(Signature of Resigning Agent)

If signing on behalf of an entity:

MARTHA LEDFORD

(Typed or Printed Name)

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