N9800003809

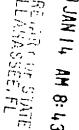
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone #/	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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01/14/19--01014--012 **87.50





COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Oceanside Village Homeowners Association, Inc. (Name of Corporation) DOCUMENT NUMBER: N98000003809 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: Mark Meyers (Name of Person) Oceanside Village Homeowners Association, Inc. (Name of Firm/Company) PO Box 33880 (Address) Indialantic, FL 32903 (City/State and Zip Code) For further information concerning this matter, please call: Mark Meyers (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

RESIGNATION OF REGISTERED AGEN 2019 JAN 14 AM 8: 43 FOR A CORPORATION SECRE AT A STATE TALL A SSEE, FL

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, Leland Management, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Oceanside Village Homeowners Association, Inc.
(Name of Corporation)
N9800003809
(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. **Comparison of Presigning Agent Comparison
If signing on behalf of an entity:
Rebecca Furlow
(Typed or Printed Name)
Agent
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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