N98000 006 641

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(expected 2.ph None n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(cocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER



TO: Amendment Section Division of Corporations

JOHNS LAKE ESTATES HOMEOWNERS ASSOCIATE SUBJECT:	TION OF LAKE COUNTY, INC.
(Name of Corpora	tion)
DOCUMENT NUMBER: N98000006641	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Alex Govan	
(Name of Person)	_
Leland Management	
(Name of Firm/Company)	_
6972 Lake Gloria Blvd	
(Address)	_
Orlando, FL 32809	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Alex Govan 407 at (906-0492
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
RESIGNATION OF REGISTERED AGENT	÷
FOR A CORPORATION	
Ty.	
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	2 × ×
Florida Statutes, the undersigned, Leland Management, Inc. (Name of Registered Agent) Done Don	•
(Name of Registered Agent)	en Con
hereby resigns as Registered Agent for JOHNS LAKE ESTATES HOMEOWNERS ASSOCIATION OF	, e
(Name of Corporation)	
N98000006641	
(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.	
<i>A</i>	
Kehren Olyala)	
(Signature of Resigning Agent)	
(organization)	
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