733130

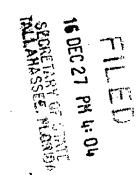
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200293569022

200293569022 12/27/16--01029--024 **87.50



Ra Risignation

DEC 28 2016 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: KAPOK MANOR CONDOMINIUM ASSOCIATION, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: 733130			
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:			
RAE ANN PARKER, RECORDS ADMINISTRATOR			
(Name of Person)			
Sentry Management, Inc.			
(Name of Firm/Company)			
2180 W. State Road 434, Suite 5000			
(Address)			
Longwood, FL 32779-5044			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
RAE ANN PARKER at (407) 788-6700 ext. 44601 (Name of Person) (Area Code & Daytime Telephone Number)			
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.			
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			

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	KAPOK MANOR CONDOMINIUM ASSOCIATION, (Name of Corporation)	INC.
733130	(Mante of Ecoporation)	
	<u> </u>	
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
(\$	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Sei	ntry Management, Inc.	
	Typed or Printed Name)	
	President	1
	(Capacity)	3 [
•	And the second s	2
Fee for filin	g this document:	4:0

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