# 747810

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### **COVER LETTER**

Date: 10/31/2021

Division of Corporations		
SUBJECT: S.O.CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)		
DOCUMENT NUMBER: 747810		
DOCUMENT NUMBER.	r.	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	Ting.	
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	ر 2(	
(City/State and Zip Code)	12 <b>1</b>	
For further information concerning this matter, please call:	2021 NOV 15	71 eller 14 eller 15 eller 15 eller 16
RAE ANN PARKER at ( 407 ) 788-6700 ext. 22300	~	- T
(Name of Person) (Area Code & Daytime Telephone Number)	PH I	J

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section

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	S.O.CONDOMINIUM ASSOCIATION, INC.	
	(Name of Corporation)	
747810		
(Document Number, if known)	<del>_</del>	
A copy of this resignation was mailed t	o the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
(Si	gnature of Resigning Agent)	
If signing on behalf of an entity:	500	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	3
	(Typed or Printed Name)  President	ა ♣ 【* ~~
	>	5
	President SS 5	л 1
	(Capacity)	- ີ້ ນ

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1. 32314