757754

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Alsignation of

09/15/10--01023--002 **87.50

SECRETARY OF STATE

BR 9/16/10

COVER LETTER

Division of C	forporations	
SUBJECT:	Venetian Villas Unit Owners Association, Inc.	
	(Name of Corporation)	
DOCUMENT NUM	IBER:	
The enclosed Resigna	ation of Registered Agent for a Corporation and fee are submitted	for filing.
Please return all corre	espondence concerning this matter to the following:	
Joe Paladir	no, Records Administrator	
	(Name of Person)	
Sen	ntry Management, Inc.	
(N	ame of Firm/Company)	
2180 W.	State Road 434, Suite 5000	
:.	(Address)	
Long	wood, FL 32779-5044	
(C	ity/State and Zip Code)	
For further information	on concerning this matter, please call:	
	Paladino at (407) 788-6700 ext. 227 e of Person) (Area Code & Daytime Telephone Numb	 var)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENOR SEP 15 AM H: 15 FOR A CORPORATION

SECRETARY OF STAFE FALEAHASSEE, FLORIDA

Pursuant to the provisions of sections 60	37.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Venetian Villas Unit Owners Association, Inc.
	(Name of Corporation)
757754	
(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 this statement is filed.	discontinued on the 31st day after the date on which
(Sio	gnature of Resigning Agent)
Z (Sig	Marie of Resigning Agenty
If signing on behalf of an entity:	
0	des Maria de la companya de la comp
	ntry Management, Inc.
	Typed or Printed Name)
	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withdrawn corporation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