NCZ CCCCC57C4

	(Requestor's Name) (Address)
8003	(Address)
	(City/State/Zip/Phone #)
01/6	PICK-UP WAIT MAIL
	(Business Entity Name)
S TALLEN	(Document Number) Certified Copies Certificates of Status
FEB 1 €	Special Instructions to Filing Officer:
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COVER LETTER

	Date: 12/31/2020
TO: Amendment Section Division of Corporations	
SUBJECT: MANNING OAKS HOMEOWNERS' ASSO	DCIATION, INC.
(Name of Corporation)	
DOCUMENT NUMBER: N02000005704	
The enclosed Resignation of Registered Agent for a Corporation	n and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
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. 22300 Daytime Telephone Number)
(Name of Person) (Area Code & 1	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	MANNING OAKS HOMEOWNERS' ASSOCIATIO	ON, INC.	
neres, resigns as registered rigent for	(Name of Corporation)		
N02000005704			
(Document Number, if known)			
A copy of this resignation was mailed t	o the above listed corporation at its last known addres	S.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which		
	(name of Meshaming Agent)	2921 JAN -4	
If signing on behalf of an entity:		<u></u>	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	=	
	(Typed or Printed Name)	& 2	
	President	Ci	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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