N 030000005000

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700225144377

03/22/12--01023--005 **87.50

12 MAR 22 AM 9: 83

PILED SLUKETARY OF STAIN ONS

RARCS (0,3/23/12

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Silver Ridge of Deland Homeowners Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N0300005606
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:
Joe Paladino, 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:
Joe Paladino at (407) 788-6700 ext. 227 (Name of Person) (Area Code & Daytime Telephone Number)
Joe Paladino at (407) 788-6700 ext. 227 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60	07.0502(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	Silver Ridge of Deland Homeowners Association, Inc.	
	(Name of Corporation)	
N0300005606		
(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	
(Sig	gnajure of Resigning Agent)	
If signing on behalf of an entity:		
Sen	itry Management, Inc.	
	Typed or Printed Name)	
	President (Capacity)	
	(Capacity) Grant	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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