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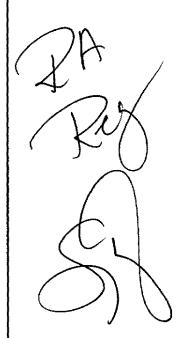
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use On	.iv



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SLUNHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Oakshores at Lemon Bay Condominium Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N05000003572
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:
Jo Ortiz, Records Administrator
(Name of Person)
Sentry Managemenet, Inc.
(Name of Firm/Company)
2180 W. State Road 434, Suite 5000
(Address)
Longwood, FI 32779-5044
(City/State and Zip Code)
For further information concerning this matter, please call:
Jo Ortiz at (407) 788-6700 ext. 227
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an act percorporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0302(2), 017.0302(2), 007.1309, 01017.1309,
Florida Statutes, the undersigned,	James W. Hart, Jr.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Oakshores at Lemon Bay Condominium Association, Inc
	(Name of Corporation)
N05000003572	***
(Document Number, if known)	The same of the same and the same of the s
	o the above listed corporation at its last known address. discontinued on the 31st day after the date on which
If signing on behalf of an entity:	gnature of Resigning Agent) ATT SECULATION SEED TO PROVIDE STATE
	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