

N 17 000 00 1342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

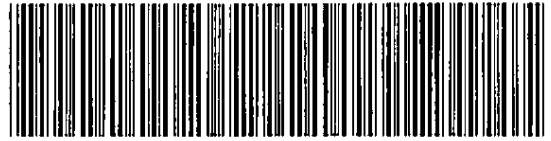
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

CF 87.50 ARC



800423780698

02/13/24--01012--027 \*\*87.50

STATE OF FLORIDA  
TALLAHASSEE, FL

2024 FEB 13 AM 11:02

FILED

**COVER LETTER**

Date: 01/24/2024

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1625 OCEAN CONDO ASSN INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N17000001342

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:

Darline Mendoza

(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:

Darline Mendoza, Customer Experience at ( 407 ) 788-6700 ext. 28115

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
2024 FEB 13 AM 11:02  
TALLAHASSEE, FL  
DIVISION OF STATE

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION


Pursuant to the provisions of sections 607.0502(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 1625 OCEAN CONDO ASSN INC,  
(Name of Corporation)

N17000001342  
(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 discontinued on the 31st day after the date on which  
this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Bradley Pomp, on behalf of, Sentry Management, Inc.  
(Typed or Printed Name)  
  
President  
(Capacity)

FILED  
2024 FEB 13 AM 11:02  
TALLAHASSEE, FL

**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