N9700002170

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
	 		
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
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SECRETARY OF STATE
TALLAHASSEE, STATE

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COVER LETTER

Division of Corporations
SUBJECT: CRESTVIEW CONDOMINIUMS OF ORLANDO CONDOMINIUM ASSOCIATION INC
(Name of Corporation)
DOCUMENT NUMBER: N97000002170
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:
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. 44601
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 32310 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509,	
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC (Name of Registered Agent)		
		CODI ANDO	
hereby resigns as Registered Agent for	CRESTVIEW CONDOMINIUMS OF ORLANDO CONDOMINIOMASSOCIATION INC		
N97000002170			
(Document Number, if known)			
A copy of this resignation was mailed to	o the above listed corporation at its last k	cnown address.	
this statement is filed.	discontinued on the 31st day after the day	ate on which	
If signing on behalf of an entity:		<u>.</u>	
Ser	ntry Management, Inc.	16. SEC	
(*	Typed or Printed Name)		
Cr	nief Financial Officer	<u> </u>	
	(Capacity)	PM 12: 0	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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