

N99000003285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

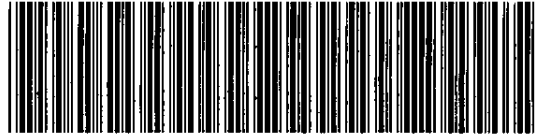
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 DEC -5 AM 10:01

As noted
with

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Siena Ridge Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N99000003285

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:

Todd Witlock
(Name of Person)

Sentry Management, Inc.
(Name of Firm/Company)

2180 West SR 434, Ste 5000
(Address)

Longwood, FL 32779
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Witlock at (352) 243-4595 EXT 208
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT -5 AM 10: 01
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Association Solutions of Central FL, Inc.
(Name of Registered Agent)

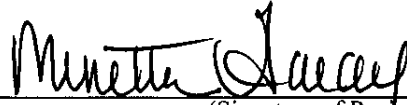
hereby resigns as Registered Agent for Siena Ridge Homeowners Association, Inc.,
(Name of Corporation)

N9900003285

(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:

Minetta Garay

(Typed or Printed Name)

Secretary/Treasurer

(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**