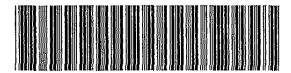
## N0500005673

į.
(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



300089933933

AAResign Tewis 04:05/07--01022--028 \*\*87.50

#### **COVER LETTER**

SUBJECT: The Landing	s of Tampa Condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER:	N05000005673
The enclosed Resignation of Regis	tered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Jo Ortiz, Records A	dministrator
(Name of Per	son)
Sentry Manager	menet, Inc.
(Name of Firm/C	ompany)
2180 W. State Road	434, Suite 5000
(Address)	· · · · · · · · · · · · · · · · · · ·
Longwood, FI 32	779-5044
(City/State and Z	p Code)
For further information concerning	this matter, please call:
Jo Ortiz	at ( 407 ) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

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 2007 MAR -5 PM 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORID.

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	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	THE A SHELL SHEET
N05000005673	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	o 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
(Si	gnature of Resigning Agent)
If signing on behalf of an entity:	
Ser	ntry Management, Inc.
	Typed or Printed Name)
	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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