## 144043

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
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(Bu	isiness Entity Nan	ne)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	·
SUBJECT: Village Green of Bradento	on Condominium, Section 9, Association, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	744643
The enclosed Resignation of Registered A	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Jo Ortiz, Records Adminis	strator
(Name of Person)	
Sentry Managemenet	, Inc.
(Name of Firm/Company	$\overline{\partial}$
2180 W. State Road 434, S	suite 5000
(Address)	
Longwood, Fl 32779-50	044
(City/State and Zip Code	<del>()</del>
For further information concerning this m	natter, please call:
Jo Ortiz	at (407) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0302(2), $017.0302(2)$ , $007.1309$ , or $017.1309$ ,
Florida Statutes, the undersigned,	James W. Hart, Jr.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Village Green of Bradenton Condominium, Section 9,
	(Name of Corporation)
744643	Association, Inc.
(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
If signing on behalf of an entity:	gnature of Resigning Agent)
it 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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