N93000004742

•		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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2008 APR -4 PH 1: 20
SECRETARY OF STATE

R.A. Resignation

TB 49154

COVER LETTER

ŢO: A	Amendment Section Division of Corporations	
SUBJEC	Silver Ridge Phase IV Homeowner's Association, I	nc.
	(Name of Corporation)	
DOCUM	MENT NUMBER: N93000004748	
The encl	closed Resignation of Registered Agent for a Corporation and fee are	submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:	
	Joe Paladino, Central Services Supervisor	
-	(Name of Person)	
	Sentry Managemenet, Inc.	
	(Name of Firm/Company)	
	2180 W. State Road 434, Suite 5000	
	(Address)	
	Longwood, FI 32779-5044	
	(City/State and Zip Code)	
For furth	her information concerning this matter, please call:	
	Joe Paladino at (407) 788-6700 e	
	(Name of Person) (Area Code & Daytime Telep	hone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

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.	
, <u> </u>	(Name of Registered Ager	nt)
hereby resigns as Registered Agent for	Silver Ridge Phase IV Homeov	vners Association Inc .
	(Name of Corporation)	/
N9300004748		
(Document Number, if known)	_	
A copy of this resignation was mailed to The agency is terminated and the office	·	
this statement is filed.		
(Sig	gnature of Resigning Agent)	7.00
If signing on behalf of an entity:		ZOUB APR- SECRET
Ser	ntry Management, Inc.	SS - M
	Typed or Printed Name)	The R
	President	1:20 FLORID
	(Capacity)	<i>Y</i>

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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