N0200003805

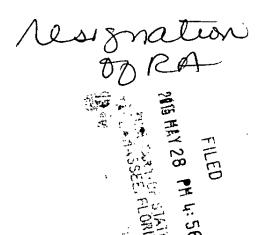
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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A RAMBEY

COVER LETTER

υ.

Amendment Section

TO:

SUMMERPORT COMME	ERCIAL PROPERTY OWNERS ASSOCIATION INC
SUBJECT: GOMMER OF COMME	(Name of Corporation)
DOCUMENT NUMBER: N0200000	
The enclosed Resignation of Registered A	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
NICHOLAS REED, RECORDS ADM	MINISTRATOR
(Name of Person)	
Sentry Management,	, Inc.
(Name of Firm/Compan	ny)
2180 W. State Road 434, S	Suite 5000
(Address)	
Longwood, FL 32779-5	5044
(City/State and Zip Code	le)
For further information concerning this n	matter, please call:
NICHOLAS REED	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT, HAY 28 PM 4: 56 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 617.1509,
Florida Statutes, the undersigned,SENTRY MANAGEMENT IN (Name of Registered Agent)
hereby resigns as Registered Agent for SUMMERPORT COMMERCIAL PROPERTY OWNERS ASSOCIATION AND Corporation
N0200003805
(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:
Sentry Management, Inc.
(Typed or Printed Name)
President

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

(Capacity)