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FILED Feb 06, 2023 08:00 AM Secretary of State

RA Resignation

APR 1 1 2023 D CUSHING

## **COVER LETTER**

		Date: 12/31/2022
TO:	Amendment Section Division of Corporations	
SUBJ	IECT: SEVILLE CONDOMINIUM 11, INC.	
	(Name of Corporat	ion)
DOC	UMENT NUMBER: 721281	<del> </del>
The e	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to t	he following:
RAE	E ANN PARKER, RECORDS ADMINISTRATOR	
	(Name of Person)	-
	Sentry Management, Inc.	
	(Name of Firm/Company)	FILED Feb 06, 2023 08:00 AM
	2180 W. State Road 434, Suite 5000	Secretary of State
	(Address)	•
	Longwood, FL 32779-5044	
<del></del>	(City/State and Zip Code)	-
For fu	urther information concerning this matter, please call:	
RAE	ANN PARKER at (407 (Name of Person) (Area Code	788-6700 ext. 22300 & Daytime Telephone Number)
Enclo	sed is a check made payable to the Florida Departmen 5.00 for an administratively dissolved, voluntarily diss	at of State for \$87.50 for an active corporation
Amen Divisi Clifto 2661	t Address: Indiment Section Identification of Corporations In Building Executive Center Circle Inassee, 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 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC
_	(Name of Registered Agent)
hereby resigns as Registered Agent for	SEVILLE CONDOMINIUM 11, INC.
	(Name of Corporation)
721281	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed t	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
- (S	FILED  gnature of Resigning Agent)  Feb 06, 2023 08:00 A  Secretary of State
If signing on behalf of an entity:	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.
	(Typed or Printed Name)
	President
<del></del>	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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