## 723178

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
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TALLAHASSEE, FLORIDA

DEC 18 2014 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: THE BAYOU ASSOC	CIATION INC
	(Name of Corporation)
DOCUMENT NUMBER: 72317	78
The enclosed Resignation of Register	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
NICHOLAS REED, RECORDS	ADMINISTRATOR
(Name of Pers	on)
Sentry Managem	ent, Inc.
(Name of Firm/Co	mpany)
2180 W. State Road 4	34, Suite 5000
(Address)	
Longwood, FL 327	
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
NICHOLAS REED	at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation asolved, voluntarily dissolved or withdrawn corporation.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 AGENTA HASSEE. FLORIDA FOR A CORPORATION 14 DEC 15 PM 3: 20

Pursuant to the provisions of sections 60	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 BAYOU ASSOCIATION INC
, , ,	(Name of Corporation)
723178	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	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
(Sig	gnature of Resigning Agent)
If signing on behalf of an entity:	
Sen	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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