723195

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(During Faith Name)
(Business Entity Name)
(Document Number)
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RA Resign

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SECRETANGE OF STATE

COVER LETTER

SUBJECT:	Lakes Village East Condominium, Inc.	
	(Name of Corporation)	
DOCUMENT NUMBER:	723195	
The enclosed Resignation of	f Registered Agent for a Corporation and fee are	submitted for filing.
Please return all corresponde	ence concerning this matter to the following:	
Joe Paladino, Re	cords Administrator	
(Name	e of Person)	
Sentry Ma	anagement, Inc.	
(Name of	Firm/Company)	
2180 W. State I	Road 434, Suite 5000	
(Address)		
Longwood,	FL 32779-5044	,
(City/State and Zip Code)		
For further information cond	cerning this matter, please call:	
Joe Paladi	411 '-'	
(Name of Per	son) (Area Code & Daytime Telep	phone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO:

Amendment Section Division of Corporations

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

FOR	N OF REGISTERED AGENT A CORPORATION 7.0502(2), 617.0502(2), 607.1509, or 6174.1006 (20)
Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 6171 Light and 19
Florida Statutes, the undersigned,	7.0502(2), 617.0502(2), 607.1509, or 617.1509HASSEE. FLORIDA (Name of Registered Agent)
hereby resigns as Registered Agent for _	Lakes Village East Condominium, Inc (Name of Corporation)
723195	
(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 of this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	nature of Resigning Agent)
Sent	try 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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