## 741906

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
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## **COVER LETTER**

Divisi	sion of Corporations	
SUBJECT:	The Fairways at Silver Springs Shores Condominium No. 5, I	nc.
_	(Name of Corporation)	
DOCUMENT	NT NUMBER:741906	
The enclosed	d Resignation of Registered Agent for a Corporation and fee are submi	tted for filing.
Please return	n all correspondence concerning this matter to the following:	
Joe	e Paladino, Records Administrator	
	(Name of Person)	
	Sentry Management, Inc.	
	(Name of Firm/Company)	
21	180 W. State Road 434, Suite 5000	
	(Address)	
	Longwood, FL 32779-5044	
	(City/State and Zip Code)	
For further int	nformation concerning this matter, please call:	
	Joe Paladino at (407 788-6700 ext. 22 (Name of Person) (Area Code & Daytime Telephone N	
		•

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FOR	ON OF REGISTERED AGENT A CORPORATION	ZONO DEC 20 P 1: OB 617.1509,  PALLAHASSEE. FLORISA
Pursuant to the provisions of sections 60		517.1309,
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for	The Fairways at Silver Springs Sho Inc. (Name of Corporation)	ores Condominium No. 5,
741906		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed to The agency is terminated and the office this statement is filed.		
	4	
(8)	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Ser	ntry Management, Inc.	
	Typed or Printed Name)	_
	President	
	(Capacity)	<del></del>

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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