# 746665

(Re	questor's Name)	
— (Ade	dress)	
(Add	dress)	
Cit	y/State/Zip/Phone #	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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, (Do	cument Number)	
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#### COVER LETTER

Date: 11/30/2021

TO: Amendment Section Division of Corporations SUBJECT: WINDING WOOD CONDOMINIUM IX ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: 746665 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAE ANN PARKER, RECORDS ADMINISTRATOR (Name of Person) Sentry Management, Inc. (Name of Firm/Company) 2180 W. State Road 434, Suite 5000 (Address) Longwood, FL 32779-5044 (City/State and Zip Code) For further information concerning this matter, please call:

RAE ANN PARKER at (407) 788-6700 ext. 22300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FOR A CORPORATION

\* \* \* \* \*

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMEN	TINC
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	WINDING WOOD CONDOMINIUM IX	ASSOCIATION, INC.
	(Nan	ne of Corporation)
746665		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed to	o the above listed corporation at its last kr	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the dat	e on which
(\$	gnature of Resigning (Cent)	_
If signing on behalf of an entity:		
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	
(Typed or Printed Name)		<del>-</del>
		(7.1) (7.7)
	President	
	(Capacity)	
\$87.50 - Act \$35.00 - Ad:	ig this document: tive corporation ministratively dissolved/voluntarily dissol thdrawn corporation	ved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314