

746864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

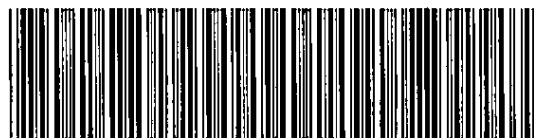
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500318996495

10/01/18--01051--028 \*\*87.50

S TALENT

OCT 05 2018

RIA-Resign

FILED  
18 OCT -1 PM 3:28  
SECRETARY OF STATE  
TREASURY DIVISION

## COVER LETTER

Date: 09/24/2018

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORTEZ OF CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 746864

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:

BROOKE CHAMNESS

(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:

BROOKE CHAMNESS

(Name of Person)

at ( 407 ) 788-6700 ext. 44602

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, SENTRY MANAGEMENT INC  
(Name of Registered Agent)

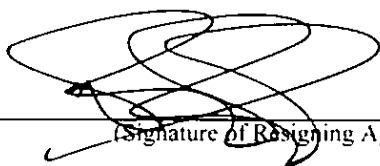
hereby resigns as Registered Agent for CORTEZ OF CARROLLWOOD CONDOMINIUM  
ASSOCIATION, INC, (Name of Corporation)

746864

(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 discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Bradley Pomp, on behalf of, Sentry Management, Inc.

(Typed or Printed Name)

President

(Capacity)

**FILED**  
**18 OCT - 1 PM 3:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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**