

| (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: |
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Office Use Only



COVER LETTER

Date: 03/31/2023

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: WYLDEWOOD LAKES CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) |
| • |
| DOCUMENT NUMBER: 751736 |
| 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 |
| (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 b | 507.0502(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 | WYLDEWOOD LAKES CONDOMINIUM ASSOCIATION, INC. |
| | (Name of Corporation) |
| 751736 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed t | to the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after the date on which |
| (S | ignature of Resigning Agent) |
| If signing on behalf of an entity: | |
| Bradley Pomp, or | n behalf of, Sentry Management, Inc. |
| | (Typed or Printed Name) |
| | President |
| <u> </u> | (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