755017

(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:	
J. HORNE	
APR - & 2022	

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SECRETARY OF STATE
FALLAHASSEE, FLORES

COVER LETTER

Date: 01/31/2022

Division of Corporations		
SUBJECT: LAKE VIEW CONDOMINIUM NO. 3 ASSOCIATION, INC.		
(Name of Corporation)		
DOCUMENT NUMBER: 758017		
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO:

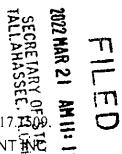
Amendment Section

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 617.1509.
Florida Statutes, the undersigned,	SENTRY MANAGEMENT THE
	(Name of Registered Agent)
hereby resigns as Registered Agent for	LAKE VIEW CONDOMINIUM NO. 3 ASSOCIATION, INC
	(Name of Corporation)
758017	
(Document Number, if known)	
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
this statement is filed.	gnature of Resigning (gent)
If signing on behalf of an entity:	
Bradley Pomp, or	n behalf of, Sentry 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