765193		
(Requestor's Name) (Address)		

(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
(Bu	isiness Entity Na	me)
(Do	ocument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INVERNESS CONDOMINIUM III ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: 765193

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. 44601		E	
(Name of Person)		(Area Code a	& Daytime Telephone Numb	er)	N.	

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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation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,		
-	(Name of Registered Agent)	

hereby resigns as Registered Agent for _____INVERNESS CONDOMINIUM III ASSOCIATION, INC.

(Name of Corporation)

765193

(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.

(dent)

If signing on behalf of an entity:

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation PM 4: 03

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