76	5619
(Requestor's Name) (Address) (Address)	600439541596
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	1024 NOV 18 SECRETARY TALLAHA
Special Instructions to Filing Officer:	ILED IB AHID: 09 VAY OF STATE TASSEE, FL
Office Use Only	

COVER LETTER

TO: Amendment Section **Division of Corporations** Date: 10/01/2024

SUBJECT: SEA WOODS CLUB VILLAS ONE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: 765619

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:

Darline Mendoza

(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:

TALLAHASSEE, FL Darline Mendoza, Customer Experience at (____407 788-6700 ext. 18003 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2024 NOV 18 AH 10:

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 _______SEA WOODS CLUB VILLAS ONE CONDOMINIUM ASSOCIATION, INC. ________(Name of Corporation)

765619

(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)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

