768365

Office Use Only



900267871369

900267871369 12/31/14--01020--001 **87.50

naitonpier R DR

COVER LETTER

| SUBJECT: ROSEWOOD GARDENS OF TAMPA BAY (Name of Corporati | on) | |
|---------------------------------------------------------------|------------------------------------|---------|
| DOCUMENT NUMBER: 768365 | | |
| The enclosed Resignation of Registered Agent for a Corpora | tion and fee are submitted for fil | ing. |
| Please return all correspondence concerning this matter to th | e following: | |
| NICHOLAS REED, RECORDS ADMINISTRATOR | | |
| (Name of Person) | | |
| Sentry Management, Inc. | | |
| (Name of Firm/Company) | | |
| 2180 W. State Road 434, Suite 5000 | | |
| (Address) | 22.00 | |
| Longwood, FL 32779-5044 | | |
| (City/State and Zip Code) | | C.3 41 |
| For further information concerning this matter, please call: | | 70 j |
| NICHOLAS REED at (407 | 788-6700 ext. 44601 | လု တ |
| (Name of Person) (Area Code | 2 Naytime Telephone Number | Ø'n |

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

٥,

TO:

'n

Amendment Section

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, | James W. Hart, Jr. (Name of Registered Agent) | | |
| hereby resigns as Registered Agent fo | ROSEWOOD GARDENS OF TAMPA BAY INC (Name of Corporation) | | |
| 768365 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed | to the above listed corporation at its l | ast known address. | |
| The agency is terminated and the office this statement is filed. | ce discontinued on the 31st day after the | ne date on which | |
| | Signature of Resigning Agent) | 필요 | |
| If signing on behalf of an entity: | | | |
| S | entry 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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