# N 200000005215

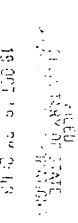
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RA Risignation

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### **COVER LETTER**

Date: 10/11/2019

TO: Amendment Section Division of Corporations		
SUBJECT: VICTORIA FALLS HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)		
DOCUMENT NUMBER: N00000005215		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f	filing.	
Please return all correspondence concerning this matter to the following:		
BROOKE CHAMNESS		
(Name of Person)		
Sentry Management, Inc.		
(Name of Firm/Company)		
2180 W. State Road 434, Suite 5000		
(Address)		`
Longwood, FL 32779-5044	<u></u>	۲,
(City/State and Zip Code)	130	
For further information concerning this matter, please call:	٠ <u>٠</u> ۵	·
BROOKE CHAMNESS at (407) 788-6700 ext. 44602 (Name of Person) (Area Code & Daytime Telephone Number)	h : 5 rd	STATE ORALL

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1	509.
Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	VICTORIA FALLS HOMEOWNERS AS	SOCIATION, INC
	(Name o	of Corporation)
N00000005215		
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed corporation at its last know	vn address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date of	on which
(Si	gnature of Cesaming (gent)	
If signing on behalf of an entity:		19 (
Bradley Pomp, or	behalf of, Sentry Management, Inc.	000
-	Typed or Printed Name)	عَ الْمُرْاتِ
	President	55 A 25 A
	(Capacity)	

### Fee for filing this document: \$87.50 - Active corporation

\$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