N00000005228

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

SUBJECT:	Aberdeen at	Kings Ridge I			ociatio	n, Inc.	
DOCUMENT	(Name of Corporation) OCUMENT NUMBER: N0000005228						
The enclosed f	Resignation of Re	gistered Agent	for a Corp	oration a	nd fee a	re submi	tted for filing.
Please return a	ll correspondence	concerning th	is matter to	o the follo	owing:		
Joe F	Paladino, Record	ds Administra	tor				
	(Name of	Person)					
	Sentry Manag	gement, Inc.					
	(Name of Firm	/Company)					
218	30 W. State Roa	d 434, Suite !	5000				
	(Addre	ess)					
Longwood, FL 32779-5044							
(City/State and Zip Code)							
For further info	ormation concern	ing this matter,	, please cal	1:			
	Joe Paladino (Name of Person)	a	1 (<u>407</u> (Area Co	78 ode & Day		ext. 22 ephone N	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	E,
	ON OF REGISTERED AGENT A CORPORATION 07.0502(2), 617.0502(2), 607.1509, or 617.1509.
Pursuant to the provisions of sections 6	
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)
hereby resigns as Registered Agent for	Aberdeen at Kings Ridge Neighborhood Association, Inc. (Name of Corporation)
N0000005228	
(Document Number, if known)	
.,	o the above listed corporation at its last known address. discontinued on the 31st day after the date on which
	gnature of Resigning Agent)
If signing on behalf of an entity:	
Ser	ntry 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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