N00585

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phon	e #)			
<u> </u>	☐ WAIT	MAIL			
(Bu	isiness Entity Na	me)			
(Do	ocument Number)			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Ra Resignation

JAN 0 4 2017

COVER LETTER

Division of Corporations								
SUBJECT: GOLF VIEW VILLAS ASSOCI	ATION,	INC.						
	me of Cor		n)					
DOCUMENT NUMBER: N00585								
The enclosed Resignation of Registered Agen	t for a Co	rporat	ion and fee	are submitte	ed for fi	ling.		
Please return all correspondence concerning the	his matte	r to the	following	:				
RAE ANN PARKER, RECORDS ADMIN	IISTRAT	OR						
(Name of Person)								
Sentry Management, Inc.								
(Name of Firm/Company)								
2180 W. State Road 434, Suite	5000							
(Address)					×	i S	<u>پ</u>	
Longwood, FL 32779-5044						ECX	30 g	
(City/State and Zip Code)					二 少 ()		C 2	
For further information concerning this matter	r, please	call:			Ų. P	راتار ج-19 اسم	7 P	المالية. إ
RAE ANN PARKER	at (40			0 ext. 4460		્ર ^મ ેર્જો - (3.% - ક	=	gramma de la companya
(Name of Person)	(Агеа	Code &	& Daytime T	elephone Nu	mber)		29	
			60. 6	407 50 C	•,•	, -		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(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	GOLF VIEW VILLAS ASSOCIATION, INC.
notes, resigna as registered regent ter	(Name of Corporation)
N00585	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Signature)	gnature of Resigning Agout)
If signing on behalf of an entity:	ASS 3
	ntry Management, Inc.
Sei	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