## NO1000 000 846

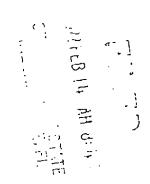
(Re	questor's Name)	· · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	Q. SIL	as
	FEB 23	2022





000381723670

02/14/22--01044--009 \*\*87.50



## **COVER LETTER**

Date: 12/31/2021

Amendment Section TO: **Division of Corporations** 

SUBJECT: ROYAL ST. AUGUSTINE LOT OWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N01000000846
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:
RAE ANN PARKER, RECORDS ADMINISTRATOR
(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:
RAE ANN PARKER  (Name of Person)  at (407) 788-6700 ext. 22300  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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,	
	(Name of Registered Agent)
hereby resigns as Registered Agent for	ROYAL ST. AUGUSTINE LOT OWNERS ASSOCIATION, INC.
	(Name of Corporation)
N0100000846	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	ignature of Resigning Agent)
If signing on behalf of an entity:	
Bradley Pomp, or	n 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