## NO1310

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
0×
per st

Office Use Only

# 900439541649

.

FILED 2024 NOV 18 AM IO: 11 SECRETARY OF STATE TALLAHASSEE, FL



### COVER LETTER

Date: 10/01/2024

TO: Amendment Section Division of Corporations

## SUBJECT: SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

## **DOCUMENT NUMBER:** N01310

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:

Darline Mendoza

(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:

Darline Mendoza, Customer Experience (Name of Person) at (407) 788-6700 ext. 18003 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

2024 NOV 18 AM IO:

CRETARY OF ST TALLAHASSEE, I

## **RESIGNATION OF REGISTERED AGENT** FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

SENTRY MANAGEMENT INC Florida Statutes, the undersigned, \_\_\_\_\_

(Name of Registered Agent)

(Name of Corporation)

SECRETARY OF STAI

024 NOV 18 AH 10:

hereby resigns as Registered Agent for SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.

N01310

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Bradley Pomp, on 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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