## NO2000004560

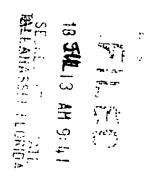
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coordinate No. 1)
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PAResign.
07/20/18
DC

## **COVER LETTER**

Date:	6/30/2018

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TO: Amendment Section

Division of Corporat	tions
SUBJECT: GREENGROV	VE ESTATES HOMEOWNERS ASSOCIATION, INC.
	(Name of Corporation)
DOCUMENT NUMBER:_	N02000004560
The enclosed Resignation of	of Registered Agent for a Corporation and fee are submitted for filing
Please return all corresponde	lence concerning this matter to the following:
RAE ANN PARKER, RE	CORDS ADMINISTRATOR
(Name	e of Person)
Sentry Ma	anagement, Inc.
(Name of I	Firm/Company)
2180 W. State F	Road 434, Suite 5000
(A)	Address)
Longwood,	, FL 32779-5044
(City/State	e and Zip Code)
For further information conc	cerning this matter, please call:
RAE ANN PARKER	at (407) 788-6700 ext. 44601
(Name of Pers	rson) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,	SENTRY MANAGEMENT INC (Name of Registered Agent)	
hereby resigns as Registered Agent for	GREENGROVE ESTATES HOMEOWNERS ASSOCIATING. (Name of Corporation)	
N02000004560		
(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 offic this statement is filed.	e discontinued on the 31st day after the	date on which
If signing on behalf of an entity:	ignature of Resigning Special	SEAHASS
Bradley Pomp, o	n behalf of, Sentry Management, Inc	
	(Typed or Printed Name)	9 T
	President	805 -
<del></del>	(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