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SECRETARY OF STAIL
AHASSEE, FLORIDA

SHA NA

COVER LETTER

	(Name of Corporati	on)
DOCUME	ENT NUMBER: N0200000485	1
The enclos	sed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please retu	urn all correspondence concerning this matter to the	ne following:
Je	oe Paladino, Records Administrator	
	(Name of Person)	
	Sentry Management, Inc.	• •
	(Name of Firm/Company)	· · ·
	2180 W. State Road 434, Suite 5000	
	(Address)	the state of the s
	Longwood, FL 32779-5044	T
.~ *	(City/State and Zip Code)	•
For further	r information concerning this matter, please call:	
	Joe Paladino at (407	788-6700 ext. 227
	(Name of Person) (Area Code	2 & Daytime Telephone Number)

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

Pursuant to the provisions of sections 66	07.0502(2), 617.0502(2), 607.1509, or 617	⁷ .1509,
Florida Statutes, the undersigned,	James W. Hart, Jr.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Reflection Lakes Three Condominium (Name of Corporation)	n Association, Inc.
N02000004851	(
(Document Number, if known)		•
	the above listed corporation at its last known	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which
	4111	
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:		
	ntry Management, Inc.	99 (
(***	Typed or Printed Name)	DEC -
	President	NO NO NLED 8 PH 8 PH 8 SSEE.
	(Capacity)	A 3: 23

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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