N02000008233

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2009 JAN 12 PM 12: 22
SECRETARY OF STATE

B. A. Resignation

COVER LETTER

SUBJECT: Ocean Walk at New Smyrna Beach Building No. 3 Co (Name of Corporation)	ndominium Association, inc
DOCUMENT NUMBER: N02000008233	
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:	
Christina Carvalho, Administrative Assistant	
(Name of Person)	
Sentry Management, Inc.	
(Name of Firm/Company)	
2180 W. State Road 434, Suite 5000	
(Address)	
Longwoòd, FL 32779-5044	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Christina Carvalho at (407) 788-670	0 ext.236
(Name of Person) (Area Code & Daytime T	elephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

<i>*</i>	
	ON OF REGISTERED AGENT (A)
Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)
hereby resigns as Registered Agent for	Ocean Walk at New Smyrna Beach Building No.3 (Name of Corporation)
N02000008233	Condominium Association, Inc.
(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
	<u> </u>
(Si	gnature of Resigning Agent)
If signing on behalf of an entity:	
•	ata a Marana a a a a a a da a da a da a da a da
•	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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