

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



700253975667

12/06/13--01021--016 **87.50

DEC 11 2013

R. WHITE

COVER LETTER

| | Amendment Section Division of Corporations |
|-----------|---|
| SUBJE(| CT: CYPRESS KNOLL PROPERTY OWNERS ASSOCIATION, INC. |
| | (Name of Corporation) |
| DOCUN | MENT NUMBER: N02000008686 |
| The enc | closed Resignation of Registered Agent for a Corporation and fee are submitted for filing |
| Please re | return all correspondence concerning this matter to the following: |
| CHRIS | S BROWNE, CENTRAL SERVICES SUPERVIS |
| | (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 furtl | her information concerning this matter, please call: |
| CHRIS | at (407) 788-6700 ext. 237 |
| | (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6 | 07.0502(2), 617.0502(2), 607.1509 | 9, or 617.1509, | |
|--|--|------------------------|--|
| Florida Statutes, the undersigned, | da Statutes, the undersigned, James W. Hart, Jr. (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for | 0/00000 //1011 00000007/ 01/4/500 100000/ | | |
| N02000008686 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to | the above listed corporation at its | s last known address. | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after | the date on which | |
| - CSTI | gnature of Resigning Agent) | · | |
| If signing on behalf of an entity: | | 70 | |
| Ser | ntry Management, Inc. | 13 D SECNE ALLAN | |
| . (| Typed or Printed Name) | FC - FAR | |
| | President | TOPS STORY | |
| | (Capacity) | 97A - 1 | |

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