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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Busiless Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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025 APR -3 PM 12: 45
SECHETARY OF STATE

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|----------------------------------------------------------------|----------------------------------------|
| SUBJECT: RAVENNA AT SUN CITY CENTER FT. (Name of Corporati | |
| DOCUMENT NUMBER: N02000008959 | |
| The enclosed Resignation of Registered Agent for a Corpora | tion and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the | e 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) | |

Date: 03/27/2025

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2025 APR -3 PM 12: 45

SECRETARIA! OF STATE TALLAHASSEE.FL

| Pursuant to the provisions of sections 6 | 07.0502(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 | RAVENNA AT SUN CITY CENTER FT. MYERS CONDOMINIUM ASSOCIATION, INC. |
| | (Name of Corporation) |
| N02000008959 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed t | o the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after the date on which |
| | |
| (Si | gnature of Resigning Agent) |
| If signing on behalf of an entity: | |
| Bradley Pomp, or | 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