# NO300000 1255

(Requestor's Name)		
(Address)		
(Address)		
(Ĉity/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Conversed Number)		
(Document Number)		
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#### **COVER LETTER**

Date: 04/30/2020 TO: Amendment Section Division of Corporations SUBJECT: COQUINA KEY TOWNHOMES ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER:\_N03000001255 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: RAE ANN PARKER, RECORDS ADMINISTRATOR (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 further information concerning this matter, please call: \_ at (<u>407</u>) <u>788-6700 ext. 22300</u> (Area Code & Daytime Telephone Number) RAE ANN PARKER (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT PH 3: 14 FOR A CORPORATION

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	COQUINA KEY TOWNHOMES ASSOCIATION, INC.
	(Name of Corporation)
N03000001255	
(Document Number, if known)	
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
this statement is filed.	e discontinued on the 31st day after the date on which
If signing on behalf of an entity:	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.
	(Typed or Printed Name)
	President
<u></u>	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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