(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(6)		- 40
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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15 HAR 27 AM 8: 05

COVER LETTER

SUBJECT: VAN LOON COMMONS CONDOMINIUM AS	
(Name of Corporation)
DOCUMENT NUMBER: N03000008743	
he enclosed Resignation of Registered Agent for a Corporation	on and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
NICHOLAS REED, 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)	
or further information concerning this matter, please call:	
NICHOLAS REED at (407)	788-6700 ext. 44601 Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

)`

Pursuant to the provisions of sections of	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	VAN LOON COMMONS CONDOMINIUM ASSOCIATION INC (Name of Corporation)	
N03000008743	, ,	
(Document Number, if known)		
A copy of this resignation was mailed to	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	
(\$)	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Ser	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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