NO 40000000560

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL.
(Bu	usiness Entity Nai	me)
(Do	ocument Number)	,
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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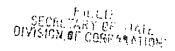
COVER LETTER

UBJECT: MAINSTREET AT BRAI	(Name of Corporation)
OCUMENT NUMBER: N040000	000560
The enclosed Resignation of Registered	d Agent for a Corporation and fee are submitted for filing
Please return all correspondence concer	rning this matter to the following:
NICHOLAS REED, RECORDS AD	DMINISTRATOR
(Name of Person)	
Sentry Management	t, Inc.
(Name of Firm/Compa	any)
2180 W. State Road 434,	Suite 5000
(Address)	
Longwood, FL 32779	9-5044
(City/State and Zip Co	ode)
or further information concerning this	s matter, please call:
NICHOLAS REED	at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

n or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

15 DEC 28 PM 3: 35

Pursuant to the provisions of sections 607.0502(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 MAINSTREET AT BRADENTON CONDOMINIUM ASSOCIATION (ASSOCIATION ASSOCIATION AS
N0400000560
(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 discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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