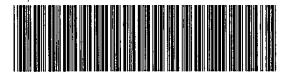
N0400000693

| (Reque | estor's Name) | | |
|---|-----------------|-----------|--|
| (Addre | ess) | | |
| (Addre | ess) | | |
| (City/S | state/Zip/Phone | #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
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Ra RisignationED 28 2016

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: SABAL RIDGE RESERVE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N04000000693 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: 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corporation or \$35.00 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60 | 07.0502(2), 617.0502(2), 607.150 | 9, or 617.1509, |
|--|--|------------------------|
| Florida Statutes, the undersigned, | SENTRY MANAGEMENT INC | |
| | (Name of Registered Ag | gent) |
| hereby resigns as Registered Agent for | | OMEOWNERS ASSOCIATION, |
| | INC. (Name of Corporation | 1) |
| N0400000693 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to | • | |
| The agency is terminated and the office this statement is filed. | anature of Resigning Agent) | |
| If signing on behalf of an entity: | | .w. |
| | ntry Management, Inc. Typed or Printed Name) | 16 BC 2 |
| | President (Capacity) | SSETT TO |
| | (Capacity) | 3 3 |

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