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| (Re                                     | questor's Name)    |             |  |  |
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| PICK-UP                                 | ☐ WAIT             | MAIL MAIL   |  |  |
| (Bu                                     | siness Entity Nam  | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | of Status   |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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(b/62)

R. WHITE
JAN 1 6 2018

## **COVER LETTER**

Date: 12/29/2017 TO: Amendment Section Division of Corporations SUBJECT: WILLIAMS CROSSING HOMEOWNERS' ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER:\_N04000005116 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 at (407) 788-6700 ext. 44601 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Person)

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  | )7.0502(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   | WILLIAN         | MS CROSSING HOMEOWNE                  | RS' ASSOCIATION, |
|  | TNC.            | (Name of Corporation)                 |                  |
| N04000005116   |                 |                                       |                  |
| (Document Number, if known)  |                 |                                       |                  |
| A copy of this resignation was mailed to   | the above       | e listed corporation at its last know | wn address.      |
| The agency is terminated and the office this statement is filed.  (Signing on behalf of an entity: | discontinu      | agning (gent)                         | on which         |
| Ser  | ntry Mana       | gement, Inc.                          |                  |
|  | Typed or Pri    | nted Name)                            | <b>7</b>         |
|  | Presid<br>(Capa | <del></del>                           | TR JAN 12 AHIO   |
| Fee for filing   | g this doc      | ument:                                | ): <b>02</b>     |

\$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