

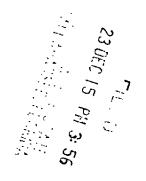
	omunetorie Namo			
(Requestor's Name)				
(Ad	idress)			
(Address)				
(Cit	ty/State/Zip/Phone #)			
_				
PICK-UP	MAIL MAIL			
(Bu	isiness Entity Name)			
(Do	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
	J. HORNE			
	JAN 17 2024			





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COVER LETTER

Date:	1	2	/6.	12	Λ	23
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TO A 1 C '	Date: 12/6/2023
TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: Bellasol Condo 2	
(Name of Corporation)	
DOCUMENT NUMBER: N04000010431	
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:	
Mary Deibler	
(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:	
46.	0 ext. 28100
(Name of Person) (Area Code & Daytime Te	elephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0	1302(2), 617.0302(2), 607.1309, 6F 617.1309,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC
	(Name of Registered Agent)
hereby resigns as Registered Agent for Be	llasol Condo 2
	(Name of Corporation
N04000010431	
(Document Number, if known)	
A copy of this resignation was mailed to the	e above listed corporation at its last known address.
The agency is terminated and the office disc this statement is filed.	continued on the 31st day after the date on which
	3
(Signatu	ure of Resigning Agent)
If signing on behalf of an entity:	
Bradley Pomp, on bel	half of, Sentry Management, Inc.
(Type	ed or Printed Name)
ı	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