NO4000011845

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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COVER LETTER

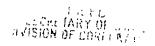
TO: Amendment Section Division of Corporations	
SUBJECT: VILLAGES OF BLOOMINGDALE COND (Name of Corpor	OMINIUM NO. 1 ASSOCIATION, INC.
DOCUMENT NUMBER: N04000011845	
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning 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 cal	l:
RAE ANN PARKER (Name of Person) at (407 (Area Co) 788-6700 ext. 44601 ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2017 FEB 10 AH 9: 28

Pursuant to the provisions of sections 607.0	0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC (Name of Registered Agent)
ilcico y icaiglia da icegialeico i igoni ioi	LLAGES OF BLOOMINGDALE CONDOMINIUM NO. 1
N04000011845	
(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 disthis statement is filed.	continued on the 31st day after the date on which
(Signal	the of Besigning Agent)
If signing on behalf of an entity:	
Sentry	Management, Inc.
(Тур	ed 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