N04777

(Re	equestor's Name)	
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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: DORA ROSE CONDOMINIUM ASSOCIATION INC
	(Name of Corporation)
DOCU	JMENT NUMBER: N04777
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ryan Pasternak, Records Administrator
	(Name of Person)
	Sentry Managemenet, Inc.
	(Name of Firm/Company)
	2180 W. State Road 434, Suite 5000
	(Address)
	Longwood, FI 32779-5044
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
	Ryan Pasternak at (407) 788-6700 ext. 227 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division Clifton 2661 E	Address: Idment Section On of Corporations On Building Casecutive Center Circle Casee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509,	
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent) DORA ROSE CONDOMINIUM ASSOCIATION INC (Name of Corporation)		
hereby resigns as Registered Agent for			
N04777	·		
(Document Number, if known)	_		
A copy of this resignation was mailed to	the above listed corporation at its last k	known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the discontinued of the 31st day after the discontinued on the 31st day after the discontinued of the 31st day after the 31st day a	ate on which	
If signing on behalf of an entity:			
Ser	ntry Management, Inc.	08 -SE TALL	
(Typed or Printed Name)	DA SEP	
	President	FIL.	
	(Capacity)	ED PH 1: 2 OF STATE EFLORIO	

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