## 1005000001466

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
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SECRETARY OF STATE ALLAHASSEELFLORIDA

APROVEL



## COVER LETTER

SUBJECT:	Jardin Condominium Association VI, Inc.		
	(Name of Corporation)		
DOCUMENT NUMBER:	MBER:N05000001466		
The enclosed Resignation of F	Registered Agent for a Corporation and fee are submitted for filing		
Please return all corresponden	ce concerning this matter to the following:		
Joe Paladino, Reco	ords Administrator		
(Name o	f Person)		
Sentry Man	agement, Inc.		
(Name of Fi	rm/Company)		
2180 W. State Ro	pad 434, Suite 5000		
(Add	lress)		
Longwood, F	L 32779-5044		
(City/State and Zip Code)			
For further information concer	rning this matter, please call:		
Joe Paladino	at ( 407 <sub>)</sub> 788-6700 ext. 227		
(Name of Person	n) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**TO:** Amendment Section Division of Corporations

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	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr.
	(Name of Registered Agent)
hereby resigns as Registered Agent for _	Jardin Condominium Association VI, Inc.
	(Name of Corporation)
N05000001466	·
(Document Number, if known)	•
.,	the above listed corporation at its last known address. iscontinued on the 31st day after the date on which
If signing on behalf of an entity:	ature of Resigning Agent)
is signing on behalf of all entity.	-
Sent	ry Management, Inc.
(Ty	/ped or Printed Name)
	ry Management, Inc.  /ped 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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