N05000002718

(Re	equestor's Name)	
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phone	; #)
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SECRETARY UF STATE
TALL AHASSEE, FLUSSE

Ra Rivignation

DEC 28 2016 D CUSHING

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: GARDEN LAKES A	AT COLONIAL SECTION V CONDOMINIUM ASSOCIA	ATION,	INC
		(Name of Corporation)		
DOC	UMENT NUMBER: N050	000002718	٠	
The e	nclosed Resignation of Regis	stered Agent for a Corporation and fee are submitted for filing	ng.	
Please	return all correspondence co	oncerning this matter to the following:		
RAE	ANN PARKER, RECORD			
	(Name of Per	son)		
	Sentry Manager	ment, Inc.		
	(Name of Firm/Co	ompany)		
	2180 W. State Road 4	434, Suite 5000		
	(Address)			
	Longwood, FL 32	2779-5044		
	(City/State and Zi	ip Code)		
For fu	rther information concerning	this matter, please call:		
RAE	ANN PARKER	at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number)	•	•
	(Name of Person)	لرئيا سيا	en .	
Enclos or \$35	sed is a check made payable t .00 for an administratively d	to the Florida Department of State for \$87.50 for an active cissolved, voluntarily dissolved or withdrawn corporation	27	ion
Ameno Division Cliftor 2661 E	Address: dment Section on of Corporations a Building Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	PK 4: 03	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(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	GARDEN LAKES AT COLONIAL SECTION V CONDOMINION ASSOCIATION, INC.
N05000002718	
(Document Number, if known)	-
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Si	gnature of Resigning Agent)
f signing on behalf of an entity:	28
Ser	ntry Management, Inc.
	Typed or Printed Name)
	President
,	(Capacity)
\$87.50 - Act	g this document: ive corporation ministratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation