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(Requestor's Name)	
(A.U)	
(Address)	
(Address)	
(Audiess)	
(City/State/Zip/Phone #)	
(6.1), 6.11.6.1.	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Q. SILAS	
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COVER LETTER

Date: 12/31/2021

Amendment Section **Division of Corporations** SUBJECT: PAYASADA HOMEOWNERS ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER:_ N05000002997 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: 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 call: RAE ANN PARKER 407) 788-6700 ext. 22300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Name of Person)

Mailing Address:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION PERSONAL PROPERTY OF THE PR

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC
<i></i>	(Name of Registered Agent)
nereby resigns as Registered Agent fo	PAYASADA HOMEOWNERS ASSOCIATION, INC.
	(Name of Corporation)
N05000002997	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the officing statement is filed.	ce discontinued on the 31st day after the date on which
(Signature of Resigning Agent)
f signing on behalf of an entity:	
Bradley Pomp, o	on behalf of, Sentry Management, Inc.
	(Typed 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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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