## NO5000004190

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





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## **COVER LETTER**

Division of Corporations
SUBJECT: VILLAGES OF BLOOMINGDALE CONDOMINIUM NO. 6 ASSOCIATION, INC.
(Name of Corporation)
DOCUMENT NUMBER: N05000004190
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 at ( 407 ) 788-6700 ext. 44601
RAE ANN PARKER  (Name of Person)  at (407) 788-6700 ext. 44601  (Area Code & Daytime Telephone Number)

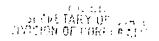
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section



## RESIGNATION OF REGISTERED AGENT 2017 FEB 10 PM 4: 21 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	VILLAGES OF BLOOMINGDALE CONDOMINIUM NO. 6 ASSOCIATION (Corporation)
N05000004190	
(Document Number, if known)	
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
this statement is filed.	e discontinued on the 31st day after the date on which
If signing on behalf of an entity:	
Se	ntry 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