NOSDOODOUTII

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900318392949

09/18/18--01002--007 **87.50

ZBHISEP IX AM 9: 06
SENBLENC A SIAIE
MILLARASSIN FI SEING

RARCS

SEP 1 9 Z018

I ALBRITTON

COVER LETTER

Date: 09/13/2018 TO: Amendment Section Division of Corporations $\mathbf{SUBJECT}$: THE ENCLAVE AT OXFORD PLACE CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: _ N05000006771 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: **BROOKE CHAMNESS** (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: at (407) 788-6700 ext. 44602 (Area Code & Daytime Telephone Number) **BROOKE CHAMNESS** (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Mailing Address:

Tallahassee, FL 32301

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 6	07.0502(2), 617.0502(2), 607.1509), or 617.1509.	
Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC		
	(Name of Registered Ago	:nt)	
hereby resigns as Registered Agent for	THE ENCLAVE AT OXFORD PLACE CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)		
N05000006771			
(Document Number, if known)	_		
A copy of this resignation was mailed to	o the above listed corporation at its	s last known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after	the date on which	
If signing on behalf of an entity:		:: 2	
Bradley Pomp, or	n behalf of, Sentry Managemen	73 AF SEP	
	Typed or Printed Name)		
	President		
	(Capacity)	9: 00	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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