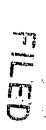
(Red	juestor's Name)	
(Add	iress)	
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COVER LETTER

	MEOWNERS ASSOCIATION AT LEGENDS, INC. (Name of Corporation)	
DOCUMENT NUMBER:	N05000006776	
The enclosed Resignation of Regi	stered Agent for a Corporation and fee are submitted for filing	
Please return all correspondence c	oncerning this matter to the following:	
Joe Paladino, Central S	Services Supervisor	
(Name of Pe	rson)	
Sentry Manage	ment, Inc.	
(Name of Firm/C	Company)	
2180 W. State Road	434, Suite 5000	
(Address		
Longwood, FI 32	2779-5044	
(City/State and Z	(ip Code)	
For further information concerning	g this matter, please call:	
Joe Paladino	at (407) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)	
(Name of Person)	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FOR A CORPORATION

Pursuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309, 61 617	.1309,
Florida Statutes, the undersigned,	James W. Hart, Jr.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	NOTTINGHAM HOMEOWNERS ASS	OCIATION, AT
, , ,	(Name of Corporation)	
N05000006776	LEGENDS, INC.	
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last kno	own address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which
<u> </u>	gnature of Resigning Agent)	200 SE
If signing on behalf of an entity:		2009 APR 17 SECRETARY
Ser	ntry Management, Inc.	7 P
(Typed or Printed Name)	PHIS:
	President	R 17 PH 12: 00 TARY OF STATE ASSEE, FLORIDA
-	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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