(Requ	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

Date: 04/30/2023

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: MAITLAND PROFESSIONAL OFFICE VI	
(Name of Corporati DOCUMENT NUMBER: N0500008087	J11)
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing
Please return all correspondence concerning this matter to the	
RAE ANN PARKER, RECORDS ADMINISTRATOR (Name of Person)	c rene mig.
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 (Area Code	788-6700 ext. 22300 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509.	
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC		
-	(Name of Registered Agent)		
hereby resigns as Registered Agent for	MAITLAND PROFESSIONAL OFFICE VILLAGE CONT	DOMINIUM ASSOCIATION, INC	
	(Nam	e of Corporation)	
N05000008087			
(Document Number, if known)			
A copy of this resignation was mailed to	o the above listed corporation at its last kn	own address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	e on which	
(Si	gnature of Resigning Agent)	2023	
If signing on behalf of an entity:		2023 HAT 30	
Bradley Pomp, or	behalf of, Sentry Management, Inc.	_	
(Typed or Printed Name)	- 5	
	President	2: 02	
-	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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