ND500008320

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

2007 AUG 22 PM 1. F.

COVER LETTER

Division of Corporations	
SUBJECT: Orchid & N	Mead Garden Townhomes Association, Inc.
Sebule 1.	(Name of Corporation)
DOCUMENT NUMBER:	N05000008320
The enclosed Resignation of Reg	gistered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Jo Ortiz, Records	Administrator
(Name of P	Person)
Sentry Manag	gemenet, Inc.
(Name of Firm/	/Company)
2180 W. State Road	d 434, Suite 5000
(Addres	ss)
Longwood, Fl 3	32779-5044
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Jo Ortiz	at (407)788-6700_ext. 227
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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



2007 AUG 22 PH 1:55

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,	James W. Hart, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for	Orchid & Mead Garden Townhomes Association, In (Name of Corporation)	
N05000008320		
(Document Number, if known)	_	
	o the above listed corporation at its last known address. discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	gnature of Resigning Agent)	
Sei	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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