## NOS COCO ICZS 7

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

Office Use Only



100357902281

01/15/21--01016--017 \*\*87.50

SECRETARY OF STAT

2/24/21

## **COVER LETTER**

Date: 12/31/2020

TO: Amendment Section Division of Corporations

SUBJECT: SANCTUARY AT SOUTH TOWN HOMEOWNERS' ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N05000010287 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

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Tallahassee, FL 32301

**Mailing Address:** 

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

CR2E046(08/05)

## FILED

## RESIGNATION OF REGISTERED AGENTIAN 15 PM 1:54 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FL

rursuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309, or 617.1309.
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	SANCTUARY AT SOUTH TOWN HOMEOWNERS' ASSOCIATION, INC.
	(Name of Corporation)
N05000010287	
(Document Number, if known)	<del></del>
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 gnature of Resigning Agent)
If signing on behalf of an entity:	
Bradley Pomp, or	n behalf of, Sentry 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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