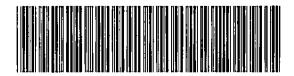
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| (Requestor's | Name) | |
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| PICK-UP V | VAIT MAIL | |
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| (Business E | ntity Name) | |
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| Certified Copies Ce | ertificates of Status | |
| Special Instructions to Filing Officer: | | |
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SECNETARY OF STATE
TALLAHASSEF

COVER LETTER

| Date: | 08/31/2021 |
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Division of Corporations

SUBJECT: HERITAGE - THE COTTAGES OF SANDERS GROVE PROPERTY OWNERS ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N05000012247

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:

(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 at (407) 788-6700 ext. 22300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO:

Amendment Section

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 617 | 1.1509. |
|--|---|--|
| Florida Statutes, the undersigned, | SENTRY MANAGEMENT INC | |
| | (Name of Registered Agent) | |
| horaby resigns as Registered Agent for | HERITAGE - THE COTTAGES OF SANDERS GROVE PROPER | RTY OWNERS ASSOCIATION, INC. |
| netery resigns as registered Agent for | (Namo | of Corporation) |
| N05000012247 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed t | o the above listed corporation at its last kno | own address. |
| The agency is terminated and the office | discontinued on the 31st day after the date | on which |
| this statement is filed. | | |
| | | FIL 2021 SEP 27 SECRETAR TALLAH |
| (S | gnature of the righting Agent) | |
| If signing on behalf of an entity: | | <u>بر مر مر</u> |
| Bradley Pomp, or | n behalf of, Sentry Management, Inc. | AH 4: 29 OF STATE SSEE. FL |
| | (Typed or Printed Name) | 29 |
| | 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