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## COVER LETTER

Date: 9/30/2019 TO: Amendment Section Division of Corporations SUBJECT: BELLA VIA AT PORT CHARLOTTE CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N05000012731 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: at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections t	307.0302(2), 617.0302(2), 607.	1309, or 617.	1509,		
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC				
·	(Name of Registered	i Agent)			
hereby resigns as Registered Agent for	BELLA VIA AT PORT CHARLOTTE CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)				
N05000012731			·		
(Document Number, if known)					
A copy of this resignation was mailed	to the above listed corporation a	at its last knov	vn addre	SS.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day a	ifter the date o	on which		
If signing on behalf of an entity:				2019 SEP 30	ر ا لا
Bradley Pomp, o	n behalf of, Sentry Managen	nent, Inc.		30	- 15 7
	(Typed or Printed Name)		1555	3	<u>.</u>
	President		ALLAMASSLAFL	) NH 8: 46	-
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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