N05000012804

(Re	equestor's Name)				
	,				
(Ad	idress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



000140340520

01/15/09--01028--018 **87.50

2009 JAN 15 PH 12: 28
SECRETARY OF STATE

R.A. Resignation

TB 1-72-10

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	JECT: SERRAVELLA AT SPRING VALLET CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)			
	• • •			
DOC	UMENT NUMBER: N05000012804			
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.			
Please	e return all correspondence concerning this matter to the following:			
Chri	istina Carvalho, Administrative Assistant			
	(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 fu	orther information concerning this matter, please call:			
	Christina Carvalho at (407) 788-6700 ext. 236 (Name of Person) (Area Code & Daytime Telephone Number)			
+	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclo or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.			
Amen Divisi Cliftor 2661	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, 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 60	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent) Serravella at Spring Valley Condominium Association, Ir (Name of Corporation)	
hereby resigns as Registered Agent for		
N05000012804		
(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 dat	
	gnature of Resigning Agent)	FILE 2009 JAN 15 TAECKETASS
If signing on behalf of an entity:	,	5 PHI2: 28 ARY OF STATE
Ser .	ntry Management, Inc.	2: 2: GAT
C	Typed or Printed Name)	- 5m 6
	President	
	(Canacity)	-

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