1000000575

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



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SECRETARY OF STATE

APPROVES AND FILED



COVER LETTER

SUBJECT:	Spring Ridge E	states Home	eowners	Association, Inc.		
SUBJECT	1 0 0	(Name of C		•		
DOCUMENT N	NUMBER:	N06000	0000575		<u></u>	
The enclosed Re	signation of Registere	d Agent for a	Corporat	ion and fee are submitte	ed for filing.	
Please return all	correspondence conc	erning this ma	itter to the	following:		
Joe Pa	ladino, Records Ad	ministrator				
	(Name of Person)				
	Sentry Manageme	nt, Inc.				
	(Name of Firm/Comp	any)				
2180	W. State Road 434	, Suite 5000		*, *, ;		
	(Address)				`	
. L	ongwood, FL 3277	9-5044				
	(City/State and Zip C	ode)				
For further infor	mation concerning th	s matter, pleas	se call:			
	Joe Paladino	at (407)	788-6700 ext. 227		
(Name of Person) -		,	k Daytime Telephone Nu	mber)	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section Division of Corporations

TO:

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 617.1509,				
Florida Statutes, the undersigned,	James W. Hart, Jr.				
	(Name of Registered Agent)				
hereby resigns as Registered Agent for	egistered Agent for Spring Ridge Estates Homeowners Association, Inc. (Name of Corporation)				
N0600000575	(Name of Corporation)				
(Document Number, if known)					
A copy of this resignation was mailed to	the above listed corporation at its last known address.				
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which				
(Sig	gnature of Resigning Agent)				
If signing on behalf of an entity:					
Ser	ntry Management, Inc.				
(Typed or Printed Name)				
		2			
	President CRE 5				
	(Capacity)	ı			
	the state of the s				

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