## 100000003243

(Requestor's Name)  (Address)  (Address)	900215057809	
(City/State/Zip/Phone #)	12/19/1101013013 **87.50	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	MILAHASSE	
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## **COVER LETTER**

SUBJECT: Mandalay a	t Bella Trae Condominium Association, Inc. (Name of Corporation)
DOCI DEEDE BUILDED.	N06000003243
DOCUMENT NUMBER:	140000000240
The enclosed Resignation of Regist	tered Agent for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Joe Paladino, Records	Administrator
(Name of Pers	
(rume of real	, and the second
Sentry Managen	nent, Inc.
(Name of Firm/Co	ompany)
2180 W. State Road 4	34, Suite 5000
(Address)	······································
Longwood, FL 32	779-5044
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Joe Paladino	at ( 407 ) 788-6700 ext. 227
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
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

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509,	or 617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr.	
	(Name of Registered Agen	t)
hereby resigns as Registered Agent for	Mandalay at Bella Trae Condor	ninium Association, Inc.
	(Name of Corporation)	
N06000003243		
(Document Number, if known)		
A copy of this resignation was mailed t	o the above listed corporation at its l	ast known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the	ne date on which
<del></del>	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Sei	ntry Management, Inc.	超 号 🤭
	Typed or Printed Name)	2011 DEC 19
	President	
	(Capacity)	and the same of th

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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