## MOCKENSYR

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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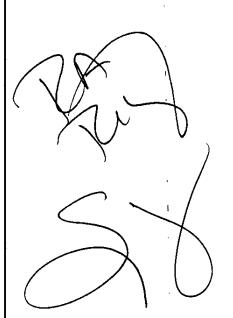
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2010 JUL -6 PH 3: 52
SECRETARY OF STATE
TALLAHASSEE, FLESSIE,

TILED

## **COVER LETTER**

Division of Corporations		1.
SUBJECT:	Island Club Owners Associat	ion, Inc.
	(Name of Corporation)	
DOCUMENT NUMBER:_	N06000009490	· Maldandar
The enclosed Resignation of	Registered Agent for a Corporation	n and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the fo	ollowing:
Joe Paladino, Red	cords Administrator	
(Name	of Person)	:
Sentry Ma	nagement, Inc.	•
(Name of I	irm/Company)	
2180 W. State F	Road 434, Suite 5000	,
(A	ddress)	
Longwood,	FL 32779-5044	
(City/State	and Zip Code)	
For further information conc	erning this matter, please call:	
Joe Paladi (Name of Pers	no at ( <u>407</u> ) (Area Code & I	788-6700 ext. 227 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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** 

TO:

Amendment Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

3,

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	)7.0502(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	Island Club Owners Association,	Inc.	
nereey resigns as registered rigent for	(Name of Corporation)	,	
N06000009490			
-(Document Number, if known)	<del></del>		
A copy of this resignation was mailed to	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 date	e on which	
	gnature of Resigning Agent)	2010 JUL -6 SECRETARY	**7
If signing on behalf of an entity:	,	ARY UF S	
Sen	ntry Management, Inc.		
(*)	l'yped or Printed Name)	152 100 100 100 100 100 100 100 100 100 10	
	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