N07000002459

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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer | | | |
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COVER LETTER

Date: 08.24.2023 TO: Amendment Section Division of Corporations SUBJECT: ESTATES AT CYPRESS TRACE HOA INC (Name of Corporation) DOCUMENT NUMBER: N07000002459 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: MARY BARWICK, CENTRAL SERVICES DIRECTOR (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: MARY BARWICK at (407) 788-6700 ext. 22001 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Tailahassee, FL 32301

(Name of Person)

Mailing Address: Amendment Section Division of Corporations

Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the pro | ovisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 6 | 517.1509. |
|---|------------------------|--|---------------------|
| Florida Statutes, th | he undersigned. | SENTRY MANAGEMEN | IT INC |
| | | (Name of Registered Agent) | <u> </u> |
| hereby resigns as Registered Agent for ESTATES AT CYPRESS TRACE HOA | | | DA INC |
| 2 0 | 2 0 | (N: | ame of Corporation) |
| N07000002459 |) | | |
| (Document N | Number, if known) | | |
| A copy of this resi | ignation was mailed t | o the above listed corporation at its last | known address. |
| The agency is tern this statement is fi | | discontinued on the 31st day after the d | ate on which |
| | | | |
| _ | (Si | gnature of Resigning Agent) | |
| If signing on beha | If of an entity: | | |
| | Bradley Pomp, or | n behalf of, Sentry Management, Inc. | 9 |
| - | | (Typed or Printed Name) | |
| | | 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