N09040

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
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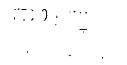


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COVER LETTER

Date: 12/22/2023

TO: Amendment Section Division of Corporations

SUBJECT: CEDAR ISLAND CLUB CONDOMINIUM ASSOCIATION INC (Name of Corporation)	
DOCUMENT NUMBER: N09040	
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:	
Darline Mendoza	
(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:	
Darline Mendoza, Customer Experience at (407) 788-6700 ext. 28115 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections (607.0502(2), 617.0502(2), 607.1509, or 617	7.1509.
Florida Statutes, the undersigned.	SENTRY MANAGEMENT	INC
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	CEDAR ISLAND CLUB CONDOMINIL	JM ASSOCIATION INC
mereby resigns as registered rigent to	(Name	e of Corporation)
N09040		
(Document Number, if known)		
	to the above listed corporation at its last known to the discontinued on the 31st day after the date	
this statement is filed.	72	on which
	S	
(S	ignature of Resigning Agent)	202 FÄL
If signing on behalf of an entity:		2024 JAH . 3 - AN 7: 4 FALLYHAASSEL FLORIO
Bradley Pomp, o	n behalf of, Sentry Management, Inc.	<u>m</u> - ω
(Typed or Printed Name)		
	President	7: 46 Caloz
	(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