109479

(D				
(Red	questor's Name)			
(Add	dress)			
(Address)				
•				
(City	//State/Zip/Phone	e #)		
•				
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(==-	,	··- ,		
(Doc	cument Number)			
(500)	Jament Hamber,			
0-46-4 0-4-	0-45-4			
Certified Copies Certificates of Status				
Special Instructions to f	Filing Officer:	·		
		ŀ		

Office Use Only



600079935166

09/22/06--01025--002 **122.50

FILED

06 SEP 22 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE FLORINA

William SEE SEE SEE

COVER LETTER

Division of Corporations Association Inc

09479 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

(Name of Contact Person)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building

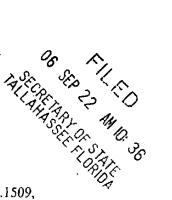
2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section





Pursuant to the provisions of sections 60	77.0502	(2), 617.05	02(2), 607.150	79, or 617.1509),
Florida Statutes, the undersigned,	JAMES	W HART			
,		(Nan	ne of registered ag	gent)	
hereby resigns as Registered Agent for	LAKES		HOMEOWNERS	ASSOCIATION	INC
	STATE		гие от сограганог Г # NO9479	1)	
A copy of this resignation was mailed to The agency is terminated and the office this statement is filed.			-		
If signing on behalf of an entity:	nature of	resigning ag	ent)	<u> </u>	

SENTRY MANAGEMENT INC
(Typed or Printed Name)

PRESIDENT (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314