(Re	equestor's Name)	<u>-</u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #) .
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11,24,07

COVER LETTER

Division of	Corporations	
SUBJECT:	Mandarin Glen Condominium	Association Inc
SCB0ECT,	(Name of Corporat	ion)
DOCUMENT NU	MBER:N1009	96
The enclosed Resig	nation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all con	respondence concerning this matter to the	he following:
Jo Or	tiz, Records Administrator	
	(Name of Person)	-
Se	entry Managemenet, Inc.	
	Name of Firm/Company)	-
2180 W	. State Road 434, Suite 5000	
	(Address)	-
Lor	gwood, Fl 32779-5044	
(City/State and Zip Code)	-
For further informa	tion concerning this matter, please call:	
	Jo Ortiz at (407	788-6700 ext. 227
(Na:	ne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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TALLAHA	ARY OF 2
7.1509, " ^{7A}	ARY OF STATE SSEE. FLORIDA

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509, "ASSE
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)
hereby resigns as Registered Agent for	Mandarin Glen Condominium Association, Inc. (Name of Corporation)
N10096	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Signature)	gnature of Resigning Agent)
If signing on behalf of an entity:	•
Sei	ntry Management, Inc.
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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