(R	equestor's Name)
(A	ddress)
. ,	
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
i	

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RAResign Neurs 9-21-10



COVER LETTER

Division	n of Corporations
SUBJECT:	The Gardens of Forest Lakes Condominium Association, Inc.
	(Name of Corporation)
DOCUMENT	NUMBER:N11097
The enclosed R	Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return al	Il correspondence concerning this matter to the following:
Joe P	Paladino, Records Administrator
	(Name of Person)
	Sentry Management, Inc.
	(Name of Firm/Company)
218	30 W. State Road 434, Suite 5000
	(Address)
	Longwood, FL 32779-5044
Providence of Markon.	(City/State and Zip Code)
For further info	ormation concerning this matter, please call:
	Joe Paladino at (407) 788-6700 ext. 227
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section

TO:

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



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2010 SEP 20 P 4: 17 Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509 James W. Hart, Jr. Florida Statutes, the undersigned, (Name of Registered Agent) (Name of Corporation) N11097 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Resigning Agent) If signing on behalf of an entity: Sentry Management, Inc. (Typed or Printed Name) President

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)