N11651

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000365437590

RFCEIVED

MAY 0 3 2021

05/04/21--01025--033 **87.58

2021 MAY -3 AM 8: 20
SECRETARY OF STATE

6/7/21

COVER LETTER

Date: 4/30/2021 TO: Amendment Section Division of Corporations SUBJECT: WALDORF CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N11651 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: RAE ANN PARKER, RECORDS ADMINISTRATOR (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: RAE ANN PARKER (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 of	07.0302(2), 617.0302(2), 607.1309, 6r 617.13	09.		
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	WALDORF CONDOMINIUM ASSOCIATION		•	
, , ,	(Name of	Corpora	tion)	
N11651				
(Document Number, if known)				
A copy of this resignation was mailed to	the above listed corporation at its last known	1 addre	SS.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on	which SECR		
If signing on behalf of an entity:	gnature of Resigning Avent	ETARY OF STAT LAHASSEE, FL	2021 HAY -3 AM 8: 20	
	Typed or Printed Name)	L.J	0	
	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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