

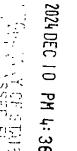
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consideration to Siling Officers			
Special Instructions to Filing Officer:			

Office Use Only



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12/10/24--01015--001 **87.50



FILED

COVER LETTER

Date: 11/27/2024

TO:	Amendment Section
	Division of Corporations

SUBJECT: SOLARO AT PELICAN PRESERVE PROPERTY OWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N1400000059
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. 18003
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,
lorida Statutes, the undersigned, SENTRY MANAGEMENT INC		
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	SOLARO AT PELICAN PRESERVE PROPERTY O	WNERS ASSOCIATION, INC
notes, reason an angular angular	(Name	of Corporation)
N1400000059		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last kno	own address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which
	(C) (D) visiting August	
(SI	gnature of Resigning Agent)	
If signing on behalf of an entity:		202
		5 -
Bradley Pomp, or	behalf of, Sentry Management, Inc.	
	Typed or Printed Name)	
	· · · · · · · · · · · · · · · · · · ·	SS 2 III
	President	FILED 2024 DEC 10 PM 4: 36
	(Capacity)	^{귀실} 를 36

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