NIHWW011151

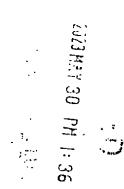
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Date: 04/30/2023

TO:	Amendment Section Division of Corporations		
	ESDLANADE O		

SUBJECT: ESPLANADE OF TAMPA COMMUNI	
(Name of Corpora	ition)
DOCUMENT NUMBER: N14000011151	
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filin
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 at (407	788-6700 ext. 22300
(Name of Person) (Area Cod	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	1.1509.		
Florida Statutes, the undersigned.	SENTRY MANAGEMENT	Γ INC		
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	ESPLANADE OF TAMPA COMMUNITY	ASSOC	OITAIC	N, INC
	(Name	of Corp	oration)
N14000011151				
(Document Number, if known)				
A copy of this resignation was mailed t	o the above listed corporation at its last kno	own ado	dress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on wh	ich	
(Si	gnature of Resigning Agent)			
If signing on behalf of an entity:			7973 HAT	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	•	30	•
	Typed or Printed Name)		ر_	
		1.	7:	
	President	ेस्ट चर्च	ા છ	, leg
	(Capacity)		37	

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