## N1500000 4234

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone #)	<u>.                                    </u>	
PICK-UP	☐ WAIT	MAIL	
(Bı	isiness Entity Name)		
(Do	ocument Number)		
Certified Copies	_ Certificates of	Status	
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## COVER LETTER

Date: 05/31/2020

Division of Corporations
SUBJECT: GLENNWOOD TERRACE HOMEOWNERS ASSOCIATION INC. (Name of Corporation)
DOCUMENT NUMBER: N15000004234
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 at (407) 788-6700 ext. 22300 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions	of sections 607.0502(2), 617.0502(2), 607.150	9, or 617.1509,	
Florida Statutes, the under	Signed,	SENTRY MANAGEMENT INC	
	(Name of Registered Ag	•	
hereby resigns as Register	red Agent for GLENNWOOD TERRACE HOME	EOWNERS ASSOCIATION INC	
		(Name of Corporation)	
N15000004234			
(Document Number, i	f known)		
A copy of this resignation	was mailed to the above listed corporation at it	s last known address.	
The agency is terminated this statement is filed.	and the office discontinued on the 31st day afte	r the date on which	
	(Signature of Resigning Agent)		
If signing on behalf of an	entity:		
Bradl	ley Pomp, on behalf of, Sentry Managemer	2020 JUH 10	
<del></del>	(Typed or Printed Name)	JUN 10 P	
		6	
	President	P 111	
	(Capacity)	PH 3: 40	
		<b>7</b>	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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