N15000005718

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
eposier menactions to 1 ming ember.

Office Use Only



500371281425

08/06/21--01029--025 **87.50

2021 AUG -6 PM 10: 06

FILED

COVER LETTER

Date: 07/31/2021

(MEOWNERS ASSOCIATION, INC. Name of Corporation)
DOCUMENT NUMBER: N150000057	718
The enclosed Resignation of Registered Ag	gent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
RAE ANN PARKER, RECORDS ADM	IINISTRATOR
(Name of Person)	
Sentry Management, In	C.
(Name of Firm/Company)	
2180 W. State Road 434, Su	ite 5000
(Address)	
Longwood, FL 32779-50	44
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
RAE ANN PARKER	at (407) 788-6700 ext. 22300

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 61	7.1509.
Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	TABBY HOUSE HOMEOWNERS	•
	(Nam	e of Corporation)
N15000005718		
(Document Number, if known)		
A copy of this resignation was mailed t	o the above listed corporation at its last kn	own address.
this statement is filed.	gnature of Resigning Agent)	202 1
If signing on behalf of an entity:		
Bradley Pomp, or	behalf of, Sentry Management, Inc.	SSS R
(Typed or Printed Name)	PHID: 06
	President	rin 👻
·	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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