NI600010274

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
<u> </u>	Office Use Or	nly

\$



03/11/21--01008--022 **87.50





COVER LETTER

Date: 2/28/2021

TO: Amendment Section Division of Corporations

ŧ

SUBJECT: ESTATES AT PARKSIDE HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation)

ς.

DOCUMENT NUMBER: N16000010274

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 PARKERat (407)788-6700 ext. 22300(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509.

SENTRY MANAGEMENT INC (Name of Registered Agent) Florida Statutes, the undersigned, _

(Name of Corporation)

N16000010274

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

2nt)

If signing on behalf of an entity:

Bradley Pomp, on behalf of, Sentry Management, Inc.

(Typed or Printed Name)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

