N16507

(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:
·

Office Use Only



600296024186

03/17/17--01003--008 **87.50

2017 MAR 16 PM 2: 57

70101

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NAPLES SANDPIPER BA	
N40507	(Name of Corporation)
DOCUMENT NUMBER: N16507	
The enclosed Resignation of Registered A	agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
RAE ANN PARKER, RECORDS ADI	MINISTRATOR
(Name of Person)	
Sentry Management, I	nc.
(Name of Firm/Company)
2180 W. State Road 434, St	uite 5000
(Address)	
Longwood, FL 32779-5	044
(City/State and Zip Code))
For further information concerning this m	atter, please call:
RAE ANN PARKER	at (407) 788-6700 ext. 44601
(Name of Person)	(Area Code & Daytime Telephone Number)
Longwood, FL 32779-56 (City/State and Zip Code) For further information concerning this m RAE ANN PARKER (Name of Person) Enclosed is a check made payable to the F	atter, please call: at (407) 788-6700 ext. 44601

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 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
orida Statutes, the undersigned, SENTRY MANAGEMENT INC (Name of Registered Agent)		
hereby resigns as Registered Agent for	NAPLES SANDPIPER BAY CLUB, INC.	
	(Name of Corporation)	
N16507		
(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 this statement is filed.	discontinued on the 31st day after the date on which	
(Sig	gnature of Resigning Ageou)	
f signing on behalf of an entity:	gnaturé of Resigning (geot)	FI
Sen	ntry Management, Inc.	ILEI
(1)	Typed or Printed Name)	
	President 2:50))

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)