

(Requestor's Name) (Address) (Address)	300215057783
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	12/19/1101013015 **87.50
(Business Entity Name) (Document Number)	•
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COVER LETTER

SUBJECT:	Old Ponte Vedra B	each Caba	ana Club, Ind	3 .	
	(Name	of Corporati	on)		
DOCUMENT NUMBER:	N°	17246			
The enclosed Resignation of	f Registered Agent fo	r a Corpora	tion and fee a	re submitted for fil	ling.
Please return all correspond	ence concerning this	matter to th	e following:		
Joe Paladino, Re	cords Administrator				
(Nam	e of Person)				
Sentry Ma	anagement, Inc.				
(Name of	Firm/Company)				
2180 W. State	Road 434, Suite 500	00			
(A	(ddress)				
Longwood	FL 32779-5044	•			
(City/State	e and Zip Code)				
For further information con-	erning this matter, pl	ease call:			
Joe Palad	ino at (407	788-6700	ext. 227	
(Name of Per		(Area Code	& Daytime Tel	ephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607	7.0502(2), 617.0502(2), 607.1509, or 617.150 $\frac{1}{2}$
Florida Statutes, the undersigned,	James W. Hart, Jr.
, , ,	(Name of Registered Agent)
hereby resigns as Registered Agent for _	Old Ponte Vedra Beach Cabana Club, inc.
	(Name of Corporation)
N17246	
(Document Number, if known)	-
A copy of this resignation was mailed to t	the above listed corporation at its last known address.
The agency is terminated and the office dithis statement is filed.	iscontinued on the 31st day after the date on which
4	
Signa	ature of Resigning Agent)
If signing on behalf of an entity:	
Sentr	y Management, Inc.
(Ty	ped 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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