## N17637

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(City/State/Zip/Phone #)					
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SECRETARY OF STATE LLAHASSEE, FLORIDA

RAPasigr News 12-20-10

## **COVER LETTER**

SUBJECT:	Carriage Hill Home	e Owners As	sociation, Inc.	
SUBJECT;	· · · · · · · · · · · · · · · · · · ·	me of Corpora		
DOCUMENT NUME	BER:	N17637		
The enclosed Resignat	ion of Registered Agen	t for a Corpoi	ration and fee a	e submitted for filing.
Please return all corres	spondence concerning tl	his matter to t	he following:	
Joe Paladino	o, Records Administra	ator		
	(Name of Person)		<del></del>	
Sent	ry Management, Inc.			
(Naı	ne of Firm/Company)		_	
2180 W. S	tate Road 434, Suite	5000		
	(Address)		_	
Longw	ood, FL 32779-5044			
(City	y/State and Zip Code)		_	
For further information	n concerning this matter	r, please call:		
		at (407	788-6700	
(Name o	of Person)	(Area Cod	e & Daytime Tele	ephone Number)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section Division of Corporations

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

, , , , , , , , , , , , , , , , , , ,	N OF REGISTERED AGENT	FILED  2010 DEC 20 P 1: 08  TALLAHASSEE. FLOSION  17.1509,				
	A CORPORATION	TALLAHASSEE STATE				
Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 6	17.1509,				
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)					
hereby resigns as Registered Agent for	Carriage Hill Home Owners Assoc (Name of Corporation)	iation, Inc.				
N17637						
(Document Number, if known)	_					
A copy of this resignation was mailed to	the above listed corporation at its last k	nown address.				
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the da	ite on which				
Sig	nature of Resigning Agent)	_				
If signing on behalf of an entity:						
Sen	try Management, Inc.					
(Typed or Printed Name)						
		1				

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

President (Capacity)