N18000006612

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Fin/Ohana #)
(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:

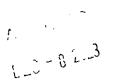
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COVER LETTER

Date: 10/31/2023 TO: Amendment Section Division of Corporations SUBJECT: Westside Murano HOA, Inc. (Name of Corporation) DOCUMENT NUMBER: N18000006612 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: Mary Deibler (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: Mary Deibler at (407) 788-6700 ext. 28100 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FILED FOR A CORPORATION

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Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509; or 617.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC STATE
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Westside Murano HOA, Inc.
	(Name of Corporation)
N18000006612	
(Document Number, if known)	-
A copy of this resignation was mailed t	o 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
(Si	ignature of Resigning Agent)
If signing on behalf of an entity:	
Bradley Pomp, or	n 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