N22809

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(* .2	<u></u>	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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	The state of the s	
(LX	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

Date: 3/08/2018

Amendment Section Division of Corporations TO:

SUBJECT: GLENRIDGE EAST HOMEOWNERS ASS	OCIATION, INC.
(Name of Corporat	ion)
DOCUMENT NUMBER: N22809	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he 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 PARKER at (407	788-6700 ext. 44601
(Name of Person) (Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department or \$35.00 for an administratively dissolved, voluntarily dissolved.	at of State for \$87.50 for an active corporation solved or withdrawn corporation.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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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RESIGNATION OF R	EGISTERED AGENT
	PORATION 😼 🛴
Pursuant to the provisions of sections 607.0502(2	امت.), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC
	(Name of Registered Agent)
hereby resigns as Registered Agent for GLENR	DGE EAST HOMEOWNERS ASSOCIATION, INC.
	(Name of Corporation)
N22809	
(Document Number, if known)	
A copy of this resignation was mailed to the abov	e listed corporation at its last known address.
The agency is terminated and the office discontin	ued on the 31st day after the date on which
this statement is filed.	1
70: -61	
/ (Signature of R	Resigning Agent)
If signing on behalf of an entity:	
Sentry Mana	agement, Inc.
(Typed or Pi	rinted Name)
D	
Presi	
(Cap	pacity)
Fee for filing this doc \$87.50 - Active corpo	
\$\$7.30 - Active corpo	ration

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/