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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
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Certified Copies Certificates of Status				
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HASSEE, FLORIDA

DEC 11 2013

R. WHITE

COVER LETTER

Division of Corporations	
SUBJECT: COCOA BEACH PARK PLACE ASSOCIATION, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: N22828	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f	iling.
Please return all correspondence concerning this matter to the following:	
CHRIS BROWNE, CENTRAL SERVICES SUPERVIS	
(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:	
CHRIS BROWNE at (407) 788-6700 ext. 237	
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section

TO:

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 6	07.0502(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	COCOA BEACH PARK PLACE A	SSOCIATION, INC.
	(Name of Corporation)	
N22828		
(Document Number, if known)		
A copy of this resignation was mailed t	o the above listed corporation at its las	t known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the	date on which
	gnature of Resigning Agent)	
T-SL	grandle of Resigning Agent)	15. T. 3
If signing on behalf of an entity:		ECC.
Sentry Management, Inc.		200 上 百
	Typed or Printed Name)	
	President	I: 28 HATE ORIDA
	(Capacity)	— Þ∵ ⇔

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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