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SECRETARY OF STATE
TALL AHASSEE, FLORID,

C. GOLDEN

JUL - 5 2018

## **COVER LETTER**

Date: 6/30/2018 TO: Amendment Section Division of Corporations SUBJECT: SARABAY WOODS HOMEOWNERS ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N23160 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: 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 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Person)

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 66	07.0502(2), 617.0502(2), 607.1509, or 617.1	509.	
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC		
-	(Name of Registered Agent)		
hereby resigns as Registered Agent for	SARABAY WOODS HOMEOWNERS A	ASSOCIAȚION	I, INC
, , , , , , , , , , , , , , , , , , ,	(Name o	f Corporation)	
N23160			
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last know	n address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date o	n which	
If signing on behalf of an entity:	instage of Resigning Agent)	2018 JUL -2 PM 2: 0 SECRETARY OF STATE TALLAHASSEE.FLORIE	<u>_</u> n
Bradley Pomp, on	behalf of, Sentry Management, Inc.	EE P	T
	Typed or Printed Name)	PH 2	
	President	2:01 STATE LORIO,	***
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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