N26361

(Requ	uestor's Name)	
(Adda	ess)	
(bbA)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doci	ument Number)	
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JAN 24 2020 S. YOUNG

COVER LETTER

Date: 12/31/2019

TO: Amendment Section Division of Corporations $_{
m SUBJECT:}$ THE VILLAGE AT WILDCAT RUN CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N26361 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) (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Post Office Box 6327 Tallahassee, FL 32314

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 611	7.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	THE VILLAGE AT WILDCAT RUN CONDOMI	•
	(Nam	e of Corporation)
N26361		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last kn	own address.
this statement is filed.	discontinued on the 31st day after the date	e on which
If signing on behalf of an entity:		
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	्र जू जिल्ला
(Typed or Printed Name)	i i
	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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