## N36337

·
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
TALLAHASSEF, FINEIR

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R.A. Resignation

TB 1-7-10

## **COVER LETTER**

SUBJECT: Crystal Lakes Manufactured Home Community Association, Inc.  (Name of Corporation)	
(Name of Corporation)	
DOCUMENT NUMBER: N36337	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	iling.
Please return all correspondence concerning this matter to the following:	
Christina Carvalho, Administrative Assistant	
(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:	
Christina Carvalho at ( 407 ) 788-6700 ext.236 (Name of Person) (Area Code & Daytime Telephone Number)	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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 of	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for	Crystal Lakes Manufactured Home Inc. (Name of Corporation)	Community Association
N36337	•	
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed to	o the above listed corporation at its last k	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the da	
If signing on behalf of an entity:	gnature of Resigning Agent)	FILE 2008 DEC 29 SECRETARY TALLAHASSE
Ser	ntry Management, Inc.	PM 2: 01 PM 2: 01 E.FLORIE
	Typed or Printed Name)	OI RIOF
	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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