N39129

(Requestor's Name)	_
(Address)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Durings (Takka))	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	١
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SECRETARY OF STATE

4/7/21

COVER LETTER

are submitted for filing.

Date: 4/30/2021

TO: Amendment Section Division of Corporations

SUBJECT: TURTLE CREEK UNITS THREE AND FOUR ASSOCIATION, INC. (Name of Corporation)

DOCUMENT NUMBER: N39129

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

For further information concerning this matter, please call:

(City/State and Zip Code)

RAE ANN PARKER at (407) 788-6700 ext. 22300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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 61	7.1509,		
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC			
<u> </u>	(Name of Registered Agent)			
hereby resigns as Registered Agent for	TURTLE CREEK UNITS THREE AND FO	OUR ASS	OCIAT	ION, INC
	(Nar	ne of Corpor	ration)	
N39129				
(Document Number, if known)				
A copy of this resignation was mailed t	o the above listed corporation at its last ki	nown addr	ess.	
this statement is filed.	e discontinued on the 31st day after the da	te on whic	h 2021 HAY -	
If signing on behalf of an entity:		TARY OF SI LAHASSEE,	ယ	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	SEE'S	# E	
(Typed or Printed Name)	TATE	£5 8:	
	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