# N41486

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2180 State Road 434 W Ste 5000 Longwood FL 32779-5044 7710807 RETURN SERVICE REQUESTED

Office Use Only

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 (Corporation Name)                            | (Document #)  |  |
|---|---|--|
|   | 600   | 0 <b>0047341064</b><br>-12/20/01 <u>010</u> 34009  |
| 2. (Corporation Name)                           | (Document #)  | *****87.50 *****87.50  |
| 3. (Corporation Name)                           | (Document #)  |  |
| 4(Ćorporation Name)                             | (Document #)  |  |
| ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait | Photocopy   | Certified Copy  Certificate of Status  |
| NEW FILINGS                                     | <u>AMENDMENTS</u>   |  |
| ☐ Profit ☐ Not for Profit ☐ Limited Liability   | Amendment Resignation of R.A., Change of Registered       | l Agent  |
| Domestication Other                             | Dissolution/Withdray Merger                               | val ~  |
| OTHER FILINGS                                   | REGISTRATION/QUA  | LIFICATION /   |
| Annual Report Fictitious Name                   | Foreign Limited Partnership Reinstatement Trademark Other | LIFICATION  AND ONE OF THE PROPERTY OF THE PRO |
|   |   | Examiner's Initials  |



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

## RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.                                 | 1500              |       |
|--|-------------------|-------|
| Florida Statutes, the undersigned,   | 1309,             |       |
| (Name of registered agent)   |                   |       |
| hereby resigns as Registered Agent for THE PINES OF WEKIVA HOMEOWNERS ASSOCIATION (Name of corporation)            | IATION            | INC . |
| A copy of this resignation was mailed to the above listed corporation at its last known                            | ı addres          | s.    |
| The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.    | which             |       |
| (Signature of resigning agent)  If signing on behalf of an entity:  SENTRY MANAGEMENT INC  (Typed or Printed Name) | SHOWING THE STATE |       |
| PRESIDENT (Capacity)   | i<br>Nati         |       |

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation