## N48573

(Requestor's Name)	-		
(Address)			
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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RA Resign

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SECRETARY OF STATE
TALLAHASSEE, FLORIO

\* Roberts DEC (211200)

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Lakeview Village Condominium No. 16 Association, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: N48573
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filir
Please	return all correspondence concerning this matter to the following:
	Joe Paladino, Records Administrator
<del></del>	(Name of Person)
	Sentry Management, Inc.
	(Name of Firm/Company)
	2180 W. State Road 434, Suite 5000
<del></del>	(Address)
	Longwood, FL 32779-5044
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Joe Paladino at (407 ) 788-6700 ext. 227 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Tallahassec, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr.
· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)
hereby resigns as Registered Agent for	Lakeview Village Condominium No. 16 Association, Inc.
	(Name of Corporation)
N48573	
(Document Number, if known)	
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	mature of Resigning Agent)
Sen	itry Management, Inc.
(1	Typed or Printed Name)
	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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