N9300000427

180480 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer.



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TALLAHASSEE, FLORIDA

Office Use Only

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 6	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	ISLAND PINES RECREATIONAL ASSOCIATION	INC,	
	(Name of corporation) STATE DOC # N93000000427	•	
A copy of this resignation was mailed to	o the above listed corporation at its last known add	iress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on wh	ich	
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(Sig	mature of resigning agent)	≺	Ŧ
If signing on behalf of an entity:		AMIL: 34	
	© 2	# # #	
SENT	RY MANAGEMENT INC	ਤੌਜ਼ਾਂ -ਵਾ >	
(1	yped or Printed Name)		
	PRESIDENT		
	(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314