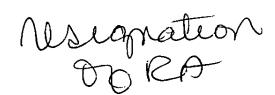
N9300005335

(Red	uestor's Name)	
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COVER LETTER

TO: Amendment Division of	t Section Corporations	-
SUBJECT:Th	e Villas at Fore	estbrook Condominium Association, Inc.
	· · · · · · · · · · · · · · · · · · ·	(Name of Corporation)
DOCUMENT NUI	MBER:	N93000005335
The enclosed Resig	nation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all cor	respondence cor	ncerning this matter to the following:
Joe Palad	lino, Records A	Administrator
	(Name of Perso	on)
Se	entry Managem	nent, Inc.
(1	Name of Firm/Cor	mpany)
2180 W	. State Road 43	34, Suite 5000
	(Address)	
Lon	gwood, FL 327	779-5044
(6	City/State and Zip	Code)
For further informat	ion concerning t	this matter, please call:
•	e Paladino	at (407) 788-6700 ext. 227
(Nan	ne of Person)	at (407) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)
Enclosed is a check or \$35.00 for an adn	made payable to ninistratively dis	o the Florida Department of State for \$87.50 for an active corporation asolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT 2012 APR 19 AM 8: 47 FOR A CORPORATION

SECRETARY OF STATE

Œ

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	The Villas at Forestbrook Condominium Association, Inc.
	(Name of Corporation)
N9300005335	
(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
•	A
<u> </u>	nature of Resigning Agent)
If signing on behalf of an entity:	· .
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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