## N94000000925

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Ott) Otate 2 pr. Hone ")			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer.			





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Amendment Section Division of Corporations

TO:

## **COVER LETTER**

Date: 02/23/2024

SUBJECT: WESTGATE AT IMPERIAL CONDO ASSN (Name of Corporation)			
DOCUMENT NUMBER: N9400000925			
The enclosed Resignation of Registered Agent for a Corporation and fee are su	bmitted for filin	g.	
Please return all correspondence concerning this matter to the following:			
Darline Mendoza			
(Name of Person)			
Sentry Management, Inc.			
(Name of Firm/Company)			
2180 W. State Road 434, Suite 5000			
(Address)			
Longwood, FL 32779-5044			
(City/State and Zip Code)	S	207	
For further information concerning this matter, please call:	YC E	2024 HAR	(Tay
Darline Mendoza, Customer Experience at (407) 788-6700 ext.  (Name of Person) (Area Code & Daytime Telepho		R 12 PX	
Enclosed is a check made payable to the Florida Department of State for \$87.5 or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn	O for an active c	o <b>rp</b> ora 20	ıtiöt

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	7.1509.		
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC			
·	(Name of Registered Agent)			
hereby resigns as Registered Agent for	WESTGATE AT IMPERIAL CON	DO ASS	SN	
	(Name	e of Corpor	ation)	
N9400000925				
(Document Number, if known)	_			
A copy of this resignation was mailed to	o the above listed corporation at its last known	own addr	ess.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which	h	
		_		
(Si	gnature of Resigning Agent)			
If signing on behalf of an entity:				
•	behalf of, Sentry Management, Inc.	SECR TAL	2024 HAR	
	Typed or Printed Name)	- Fri	ÁR	
			2	140000
	President	70 <sup>-5</sup>		M
	(Capacity)	ري دي:	<u> </u>	
		FE	1: 20	

## 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