## 9500000 1546

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
ies	Certificates of	Status
truction:	s to Filing Officer:	
	Office Use Only	



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RARCS

JAN 257070 I ALBRITTON

## **COVER LETTER**

Date: 12/31/2019

Amendment Section Division of Corporations

3JECT: THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)
` ' '
CUMENT NUMBER: N95000001546
enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
ise return all correspondence concerning this matter to the following:
AE ANN PARKER, RECORDS ADMINISTRATOR
(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)
further information concerning this matter, please call:
AE ANN PARKER at ( 407 ) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number)
closed is a check made payable to the Florida Department of State for \$87.50 for an active corporation i35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
eet Address: endment Section ision of Corporations fon Building 1 Executive Center Circle

iling Address: tendment Section vision of Corporations st Office Box 6327 lahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509	), or 617.1509,	
lorida Statutes, the undersigned,	SENTRY MANAGEMENT INC		
•	(Name of Registered Agent)		
ereby resigns as Registered Agent for	THE RESERVE AT DEBARY HOMEOWNERS		
	ASSOCIATION, INC.	(Name of Corporation)	
N95000001546			
(Document Number, if known)			
copy of this resignation was mailed t	o the above listed corporation at its	s last known address.	
he agency is terminated and the office his statement is filed.	discontinued on the 31st day after	the date on which	
(Si	gnatura of Resigning Agent)		
Signing on behalf of an entity:			
Bradley Pomp, or	n behalf of, Sentry Managemen		
	(Typed or Printed Name)	201 SE ALLI	
		9 D CRI	
	President	2019 DEC 23 SECRULIARY ALLI ARRASSEE	
	(Capacity)	1 1 1	
		PM12: 20	
<u>Fee for filir</u>	ig this document:	20 10A	
	tive corporation		

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

\$35.00 - Administratively dissolved/voluntarily dissolved/

withdrawn corporation