N96000001944

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
0.4754.0.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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09/05/23--01006--022 **87.50

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COVER LETTER

Date: 08.24.2023
are submitted for filing.
0 ext. 22001
elephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Tallahassee, 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.	SENTRY MANAGEMENT II	NC
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	CONWAY GROVES HOA INC	
meroo, roong.n. do rregistered rigent ror	(Name	of Corporation
N96000001944		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last know	wn address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date of	on which
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Bradley Pomp, on	behalf of, Sentry Management, Inc.	
(Typed or Printed Name)	
	President	
	(Capacity)	0

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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