N9700000 2703

(Requestor's Name	2)	
(Address)		
(Address)		
(Address)		
(City/State/Zip/Pho	ne #)	
PICK-UP WAIT	MAIL	
(Business Entity N	ame)	
(Document Number)		
Certified Copies Certificat	es of Status	
Special Instructions to Filing Officer:		

Office Use Only



400325285294

03/04/19--01034--006 **87.50

19 MAR -4 PH 6: 20 SECRETARY STATE IMPLANTASSEE, FLORID

MAR 1 3 2019 S. YOUNG

COVER LETTER

	Date: 02/20/2019	
TO:	Amendment Section Division of Corporations	
SUBJ	JECT: THE PRESERVE AT LANSBROOK, INC.	
	(Name of Corporation)	
DOC	UMENT NUMBER: N97000002703	
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Pleaso	e return all correspondence concerning this matter to the following:	
BRC	OOKE CHAMNESS, RECORDS ASSISTANT	
	(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)	
For fu	arther information concerning this matter, please call:	
BRO	OOKE CHAMNESS at (407) 788-6700 ext. 44602	
	OOKE CHAMNESS at (407) 788-6700 ext. 44602 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclos or \$35	osed is a check made payable to the Florida Department of State for \$87.50 for an active corposition for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	ration

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 617.1509,	
Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	THE PRESERVE AT LANSBROOK, INC.	
	(Name of Corporation)	
N97000002703		
(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	
	grante of Regigning (Igent)	
If signing on behalf of an entity:	Allasse	
Bradley Pomp, on	behalf of, Sentry Management, Inc.	
(**************************************	Typed or Printed Name) 6: 23	
	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