N97000003749

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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resignation

04/23/15--01018--017 **87.50



4/30/15

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: WESTON HILLS HOMEOWNERS ASSOCIATION INC	
	(Name of Corporation)	
DOC	UMENT NUMBER: N9700003749	
The er	nclosed Resignation of Registered Agent for a Corporation and fee ar	e submitted for filing.
Please	e return all correspondence concerning this matter to the following:	
NIC	HOLAS REED, RECORDS ADMINISTRATOR	
<u> </u>	(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	orther information concerning this matter, please call:	
NICH	HOLAS REED at (407) 788-6700 6	ext. 44601
	(Name of Person) (Area Code & Daytime Tele	nhone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED 29GEN P: 04 FOR A CORPORATION STATE SALE STATE THE STATE

Pursuant to the provisions of section	is 607.0502(2), 617.1 50 02(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, _	(Name of Registered Agent)
hereby resigns as Registered Agent f	for WESTON HILLS HOMEOWNERS ASSOCIATION INC
	(Name of Corporation)
N97000003749	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date on which
-	(Signature of Resigning Agent)
If signing on behalf of an entity:	
\$	Sentry Management, Inc. James Hart
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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