N97000006372

(Re	equestor's Name)	-
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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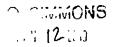
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COVER LETTER

Date: 12/21/2018 TO: Amendment Section Division of Corporations SUBJECT: CYPRESS GLEN I CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N97000006372 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAE 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) For further information concerning this matter, please call: RAE ANN PARKER at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number) (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	607.0502(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	CYPRESS GLEN I CONDOMINIUM ASSOCIATION, INC.	
, <u> </u>	(Name of Corporation)	
N97000006372		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last known address.	
this statement is filed.	e discontinued on the 31st day after the date on which	
If signing on behalf of an entity:		
Bradley Pomp, o	n behalf of, Sentry Management, Inc.	
	(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