

N98 000002178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800328433128

05/06/19--01015--022 \*\*87.50

MASSACHUSETTS

2019 MAY -6 PM 5:09

FILED

MAY 16 2019

11 12

## COVER LETTER

Date: 4/30/2019

TO: Amendment Section  
Division of Corporations

SUBJECT: NEW HAMPTON OF LEGENDS NEIGHBORHOOD ASSOCIATION, INC.  
(Name of Corporation)

DOCUMENT NUMBER: N98000002178

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  
(Name of Person) (Area Code & Daytime Telephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 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 NEW HAMPTON OF LEGENDS NEIGHBORHOOD  
ASSOCIATION, INC. (Name of Corporation)

N98000002178

(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 discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Bradley Pomp, on 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withdrawn corporation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

2019 MAY - 6 PM 5:09  
FILED  
TALLAHASSEE, FLORIDA