## N9800000178

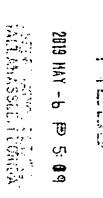
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## **COVER LETTER**

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: at (<u>407</u>) <u>788-6700 ext. 44601</u> (Area Code & Daytime Telephone Number) RAE ANN PARKER (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or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	07.0502(2), 617.0502(2), 607.1	509, or 617.1509.	
Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC		
	(Name of Registered	Agent)	
hereby resigns as Registered Agent for	NEW HAMPTON OF LEGE ASSOCIATION, INC.	GENDS NEIGHBORHOOD (Name of Corporation)	
N98000002178			
(Document Number, if known)	<del>_</del>		
A copy of this resignation was mailed to	o the above listed corporation a	t its last known address.	
The agency is terminated and the office this statement is filed.		fier the date on which	
(Si	gnature of Resigning (gray)		
If signing on behalf of an entity:			
Bradley Pomp, or	n behalf of, Sentry Managem	ient, Inc.	
	Typed or Printed Name)	200 HAY	
	President		
	(Capacity)	10 C	
	ig this document:		
\$87.50 - Ac	tive corporation	*	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$35.00 - Administratively dissolved/voluntarily dissolved/

withdrawn corporation