N9900001814

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

Date: 12/21/2018 TO: Amendment Section Division of Corporations SUBJECT: CYPRESS GLEN III CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N99000001814 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 (407) 788-6700 ext. 44601 (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or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60	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	CYPRESS GLEN III CONDOMINIUM ASSOCIATION, INC.	
	(Name of Corporation)	
N99000001814		
(Document Number, if known)		
A copy of this resignation was mailed to	o 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	
- (Si	gnature (1 Resignation Agent)	
If signing on behalf of an entity:		
Bradley Pomp, or	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1, 32314