

NO 3000000 6439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

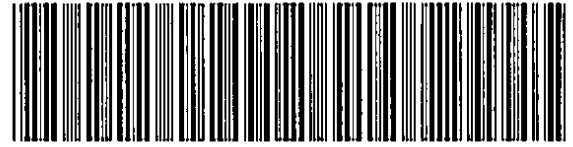
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300340923763

02/24/20--01038--017 \*\*67.50

FILED  
CLERK OF COURT  
DIVISION OF CORPORATION  
2020 FEB 24 PM 3:40

QM  
3/12/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Delasol Homeowners Association, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N03000006439  
\_\_\_\_\_

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:

Patti Ferris  
\_\_\_\_\_

(Name of Person)

Evergreen Lifestyles Management, LLC  
\_\_\_\_\_

(Name of Firm/Company)

2100 S Hiawasse Road  
\_\_\_\_\_

(Address)

Orlando, FL 32835  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Patti Ferris  
\_\_\_\_\_

(Name of Person)

at ( 321 ) 558-6502  
\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

Florida Statutes, the undersigned, Evergreen Lifestyles Management, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for Delasol Homeowners Association, Inc.

(Name of Corporation)

N03000006439

(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.

Patti Ferris

(Signature of Resigning Agent)

If signing on behalf of an entity:

Patti Ferris

(Typed or Printed Name)

Executive Director of Support Services

(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**

FILED  
2020 FEB 24 PM 3:40

SECRETARY OF STATE  
DIVISION OF CORPORATIONS