EPES COCONIA

	(Requestor's Name)		
	(Address)		
	(Address)		
-	(City/State/Zip/Phone #)		
PICK-U	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
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SECRETARY OF STATE

COVER LETTER

(Name of Person)	(Aran Car	le & Daytime Telephone Number)
Patti Ferris	at (321	558-6502 le & Daytime Telephone Number)
For further information concerning this matt	er, please call:	
(City/State and Zip Code)		_
Orlando, FL 32835		
(Address)		_
2100 S Hiawassee Rd		
(Name of Firm/Company)		_
Evergreen Lifestyles Manage	ement LLC	
(Name of Person)		_
Patti Ferris		
Please return all correspondence concerning	this matter to	the following:
The enclosed Resignation of Registered Ago	ent for a Corpo	ration and fee are submitted for filing
DOCUMENT NUMBER: N040000023	393	
4)	lame of Corpora	ation)
SUBJECT: Tuscany Reserve N	eighborh	ood Association Inc

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, Ev	vergreen Lifestyles Management LLC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Tuscany Reserve Neighborhood Association Inc
The confirmation of the co	(Name of Corporation)
N04000002393	
(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 offic this statement is filed.	ee discontinued on the 31st day after the date on which
	Patti Ferris
(2	Signature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)
	(Typed or Printed Name) TALL AND 28
	<i>∽</i>
	(Capacity)
	a C

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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