N06000006331

(Requestor's Name)	
(Address)	
(Address)	
(1001000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
<u> </u>	
Special Instructions to Filing Officer:	
!	





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09/21/23--01014--025 **87.50

FILED Sep 21, 2023 08:00 AM Secretary of State

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OCT 1 2 2023 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Islands at Somerset Condominium Associated Name of	tion, Inc. Corporation)
	Corporation)
DOCUMENT NUMBER: N06000006331	
The enclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Gris Romero	
(Name of Person)	
Evergreen Lifestyles Management LLC	FILED Sep 21, 2023 08:00 AM
(Name of Firm/Company)	Secretary of State
270 W Plant St Ste 340	, and the second
(Address)	
Winter Garden, FL 34787	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Gris Romero 32	1 558-6511
	rea 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti	ions 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 Ager	The Islands at Somerset Condominium Association, Inc.
neredy resigns as registered reger	(Name of Corporation)
N06000006331	
(Document Number, if known)	
A copy of this resignation was ma	tiled to the above listed corporation at its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which
 -	(Signature of Resigning Agent)
If signing on behalf of an entity:	FILED
Ciris Romero	Sep 21, 2023 08:00 AM Secretary of State
	(Typed or Printed Name)
Vice President, Su	oport 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