N1200000 8695

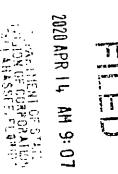
| (Re | questor's Name) | |
|---|---------------------|-----------------------------|
| bA) | dress) | |
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| (Cit | y/State/Zip/Phone # | (1) |
| PICK-UP | ☐ WAIT | MAIL |
| (8u | siness Entity Name |) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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APR 15 2020 S. YOUNG



2020 ATT 11: # 2: 03

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2020

PATTI FERRIS EVERGREEN LIFESTYLES MANAGEMENT, LLC 2100 S HIAWASSEE ROAD ORLANDO, FL 32835

SUBJECT: WELLINGTON WOODS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N12000008695

We have received your document for WELLINGTON WOODS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$87.35. However, the enclosed document has not been filed and is being returned for the following correction(s):

PATTI FERRIS IS NOT LISTED AS REGISTERED AGENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00007217

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| SUBJECT: Wellington Woods Homeow | (Name of Corpo | ration) |
|---|--------------------|--|
| DOCUMENT NUMBER: N120000086 | | |
| The enclosed Resignation of Registered / | | oration and fee are submitted for filin |
| Please return all correspondence concern | ing this matter to | the following: |
| Patti Ferris | | |
| (Name of Person) | | |
| Evergreen Lifestyles Management, LLC | | |
| (Name of Firm/Company | ·) | _ |
| 2100 S Hiawassee Road | | |
| (Address) | | _ |
| Orlando, FL 32835 | | |
| (City/State and Zip Code |) | |
| For further information concerning this m | atter, please cal | : |
| Patti Ferris | at (321 |) 558-6502 de & Daytime Telephone Number) |
| (Name of Person) | (Area Co | de & Daytime Telephone Number) |

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 6 | 607.0503(2), 617.0502(2), 607.1509, | or 617.1509, | |
|--|--|--|--|
| Florida Statutes, the undersigned, | Patti Ferris | | |
| | (Name of Registered Agen | 1) | |
| hereby resigns as Registered Agent for | d Agent for Wellington Woods Homeowners' Association, Inc. (Name of Corporation) | | |
| N12000008695 | , | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed | to the above listed corporation at its l | ast known address. | |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after t | he date on which | |
| | tti Ferria | | |
| (S | ignature of Resigning Agent) | 26 | |
| If signing on behalf of an entity: | | 2020 APR 14 2020 APR 14 2 ASSUM OF C | |
| Eve | rgreen Lifestyles Management, LLC | THERE I | |
| | (Typed or Printed Name) | | |
| Executive Director of Su | pport Services | AH 9: 07 | |

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

(Capacity)