N13 000 004 219

(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:

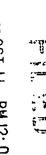




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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Longleaf Master Homeowner		
	(Name of Corpo	eration)
DOCUMENT NUMBER: N13000004	219	
The enclosed Resignation of Registe	ered Agent for a Corp	poration and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to	o the following:
Gris Romero		
(Name of Perso	on)	<u> </u>
Evergreen Lifestyles Management LLC		
(Name of Firm/Con	mpany)	
270 W. Plant St., Ste 340		
(Address)	 	.
Winter Garden, FL 34787		
(City/State and Zip	Code)	
For further information concerning t	his matter, please cal	II:
Gris Romero	321 at (558-6511
(Name of Person)	(Area Co	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.		
Florida Statutes, the undersigned.	Evergreen Lifestyles Management LLC		
Tronda Statutes, the andersigned.	(Name of Registered Agent)		
hereby resigns as Registered Agent for Longleaf Master Homeowners Association, Inc. (Name of Corporation)			
		N13000004219	
(Document Number, if known)			
A copy of this resignation was ma	iled to the above listed corporation at its last known address.		
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date on which		
Q	Romera		
(Signature of Resigning Agent)			
If signing on behalf of an entity:			
Gris Romero	700 7		
	(Typed or Printed Name)		
Executive Director	(Typed or Printed Name) of Support Services (Capacity)		
	(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