

N15000002981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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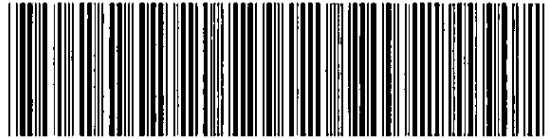
(Business Entity Name)

(Document Number)

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

*Ra Resignation*

OCT 12 2023  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Greyhawk at Golf Club of the Everglades Homeowners Association Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** N15000002981

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:

Gris Romero

(Name of Person)

Evergreen Lifestyles Management LLC

(Name of Firm/Company)

270 W. Plant St., Ste 340

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Gris Romero

at (321) 558-6511

(Name of Person)

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

**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)

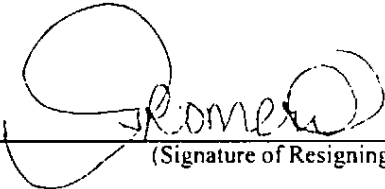
hereby resigns as Registered Agent for Greyhawk at Golf Club of the Everglades HOA Association Inc.  
(Name of Corporation)

N15000002981

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Gris Romero

(Typed or Printed Name)

Executive Director of Support Services

(Capacity)

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

**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