N150000004357

(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:			

200343301082

04/20/20==01028==020 **87,50

JUNE BY STATE OF STAT

Office Use Only



COVER LETTER

SUBJECT: Arbor Grande at Lakewood Ranch Master Property Owners Association, Inc. (Name of Corporation) DOCUMENT NUMBER: N15000006357 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: 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 matter, please call: Patti Ferris at (321) 558-6502 (Area Code & Daytime Telephone Number) (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0503(2), $617.0502(2)$, 607.1509 or 617 .	1509.
Florida Statutes, the undersigned,	Evergreen Lifestyles Management, ELC (Name of Registered Agent)	
hereby resigns as Registered Agent for	Arbor Grande at Lakewood Ranch Master Property (Name of Corporation)	Owners Association, Inc
N15000006357		
(Document Number, if known)		
	o the above listed corporation at its last known discontinued on the 31st day after the date	
Pax	tti Ferris	
(Si	ignature of Resigning Agent)	
If signing on behalf of an entity:		avi en ap
Eve	ergreen Lifestyles Management, LLC	20 20
Executive Director of Sup	(Typed or Printed Name) pport Services	And Section 1

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)