NI6 000004407

(Requestor's Name)	
(Address)	300356807813
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	12/28/2001022027 ++87.50
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	772 **:
	7:10: · 13

Office Use Only

RARES

FEB 20 2021 I ALBRITTON

COVER LETTER

Division of Corporations SUBJECT: Creekside at Twin Creeks Homeowners Association, Inc. (Name of Corporation) N16000004407 DOCUMENT NUMBER:____ 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 Rd (Address) Orlando, FL 32835 (City/State and Zip Code) For further information concerning this matter, please call: Patti Ferris

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

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

203177 1:00

February 7, 2021

PATTI FERRIS EVERGREEM LIFESTYLES MANAGEMENT LLC 2100 S. HIAWASSEE RD ORLANDO, FL 32835

SUBJECT: CREEKSIDE AT TWIN CREEKS HOMEOWNERS' ASSOCIATION,

INC.

Ref. Number: N16000004407

We have received your document for CREEKSIDE AT TWIN CREEKS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A wet signature is required for non profit corporations.

The document is illegible and not acceptable for imaging.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 221A00002742

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ons 607.0503(2), 617.0502(2), 607.1509, or 617.150)9.
Florida Statutes, the undersigned. Evergreen Lifestyles Management, LLC (Name of Registered Agent)		
hereby resigns as Registered Ager	nt for Creekside at Twin Creeks Homeowners Assoc (Name of Corporation)	iation, Inc.
N16000004407		
(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.	Patti Ferris Atta Stucy (Signature of Resigning Agent)	which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
Patti Ferris	(Typed or Printed Name)	10
Executive Dire	ector Support Services	
	(Capacity)	, p::10:13

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