NI6000008577

(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:

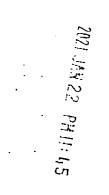
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01/22/21--01012--013 **87.50

MAR 0 6 2021 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Stafford Place Neighbor	hood Homeowners Association, Inc. (Name of Corporation)
DOCUMENT NUMBER:	N16000008577
The enclosed Resignation of Regist	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Patti Ferris	
(Name of Pers	on)
Evergreen Lifestyles Manageme	ent LLC
(Name of Firm/Co	ompany)
2100 S Hiawassee Rd	
(Address)	
Orlando, FL 32835	
(City/State and Zip	p Code)
For further information concerning	this matter, please call:
Patti Ferris	at (321) 558-6502
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.05	602(2), 607.1509, or 617.1509.	
lorida Statutes, the undersigned, Evergreen Lifestyles Management, LLC (Name of Registered Agent)		
hereby resigns as Registered Agent for <u>Stafford Place Nei</u> (Na	ghborhood Homeowners Association, Inc. ime of Corporation)	
N16000008577		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed e	corporation at its last known address.	
The agency is terminated and the office discontinued on the this statement is filed.	ne 31st day after the date on which	
Patti Ferris		
(Signature of Resigning A	(gent)	
If signing on behalf of an entity:	2021 JAN 22	
Patti Ferris	<u></u>	
(Typed or Printed Nam	ne)	
Executive Director Support Services		
(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

	Page OI _			
CHECK REQUEST INVOICE				
	DATE: - INVOICE # - DUE DATE:	1/18/2021 1182021 1/20/2021		
Florida Department of State	-			
Div of Corporations, P O Box 6327, Tallahassee, FL 32314				
Association				
3151 Stafford Place				
	े हुन्त्रो <u>क्त</u>	1 (1) (1		
Resignation of Registered Agent	1999	\$ 87.50		
Dian	se remember to attac	h all receipts!		

TOTAL DUE \$ 87.50

Authorized by:

M Kas---

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