NI6000010534

| (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: | |
| Q. SILAS | |
| t r | |
| | |
| 2/4/22 | |
| Office Use Only | |

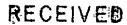


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2022 FEB -4 PH 1: 19



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2022 FEB -4 AM 8: 00

SECRETARY FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FDivision of Corporations

January 13, 2022

GRIS ROMERO 2100 S HIAWASSEE RD ORLANDO, FL 32835

SUBJECT: FOUNTAINS EAST HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N16000010534

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the resignation.

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.

Letter Number: 122A00001127

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: Olympia Company Compa | S. INC. |
| (Name of Corporat | ion) |
| DOCUMENT NUMBER: N16000010534 | |
| The enclosed Resignation of Registered Agent for a Corpor | ation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to t | he following: |
| Gris Romero | |
| (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: | |
| Gris Romero at (| 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENTEB -4 PH 1: 19 FOR A CORPORATION

SECRETARY OF STATE

| 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 |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agen | FOUNTAINS EAST HOMEOWNERS' ASSOCIATION, INC. |
| | (Name of Corporation) |
| N16000010534 | |
| (Document Number, if known) | |
| A copy of this resignation was mai | led to the above listed corporation at its last known address. |
| The agency is terminated and the o | office discontinued on the 31st day after the date on which |
| _1 Orkom | wo) |
| <u> </u> | (Signature of Resigning Agent) |
| If signing on behalf of an entity: | |
| Gris Romero | |
| | (Typed or Printed Name) |
| Executive Director of | of 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

V----