

N16 00000 11846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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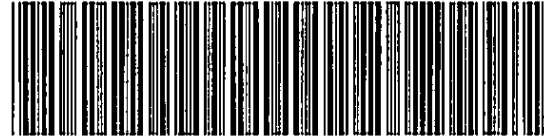
(Business Entity Name)

(Document Number)

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300382066913

Resignation of
RA

02/25/22--01017--002 **87.50

FILED
2022 FEB 25 AM 9:24
CLERK OF DISTRICT COURT

FILED

A. RAMSEY
MAR 04 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solis Gardens Homeowners Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N16000011846

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

(Name of Person)

at (321) 558-6511

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENT
FOR A CORPORATION**

2022 FEB 25 AM 9:24

SECRET
FALL 2022

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

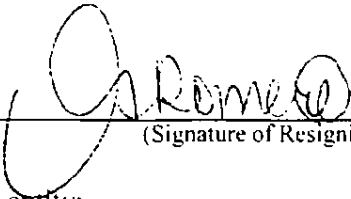
Florida Statutes, the undersigned, Evergreen Lifestyles Management LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for Solis Gardens Homeowners Association, Inc.
(Name of Corporation)

N16000011846
(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)

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