## N17000 000 259

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City)	/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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## **COVER LETTER**

SUBJECT: TCN Parcel 10/11 Homeor	(Name of Corporation)	
DOCUMENT NUMBER:	N17000000259	
The enclosed Resignation of Register	ed Agent for a Corporation and fee are submitted for filin	
Please return all correspondence conc	erning this matter to the following:	
Patti Ferris		
(Name of Person	)	
Evergreen Lifestyles Management	LLC	
(Name of Firm/Comp	pany)	
2100 S Hiawassee Rd		
(Address)		
Orlando, FL 32835		
(City/State and Zip C	lode)	
For further information concerning thi	is matter, please call:	
Patti Ferris	at ( 321 ) 558-6502	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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



2

February 3, 2021

PATTI FERRIS 2100 S. HIAWASSEE RD ORLANDO, FL 32835

SUBJECT: TCN PARCEL 10/11 HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N17000000259

We have received your document for TCN PARCEL 10/11 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):

The document must have original signatures.

A wet signature is required for non profit corporations.

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: 221A00002486

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0503(2), 617.0502(2), 607.1509, or	617.1509、
Florida Statutes, the undersigned.	Evergreen Lifestyles Management, LLC	
	(Name of Registered Agen	
hereby resigns as Registered Ager	it for TCN Parcel 10/11 Homeowners Associated (Name of Corporation)	iation, Inc.
N17000000259		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last	known address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the	date on which
	Patti Ferris Patt Leius (Signature of Resigning Agent)	
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
Patti Ferris		——————————————————————————————————————
	(Typed or Printed Name)	12
		=
Executive Dire	ctor Support Services	œ
	(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