

N17 000 000265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

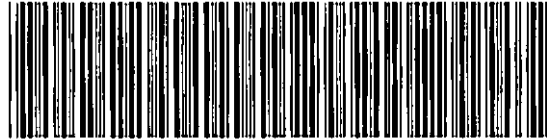
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 20 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TCN Parcel 14 Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N17000000265

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

(Name of Person)

at (321)

558-6502

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 FEB 10 PM 1:09

February 2, 2021

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

SUBJECT: TCN PARCEL 14 HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N17000000265

We have received your document for TCN PARCEL 14 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 321A00002401

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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 TCN Parcel 14 Homeowners Association, Inc.

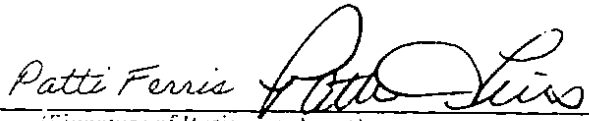
(Name of Corporation)

N17000000265

(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.


Patti Ferris

(Signature of Resigning Agent)

If signing on behalf of an entity:

Patti Ferris

(Typed or Printed Name)

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

2019-11-15 11:10:41