N17000008049

(Requestor's Name)	
(Address)	400352851764
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	10/15/2081819887.58
Certified Copies Certificates of Status	
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COVER LETTER

	(Name of Person) (Area Code & Daytime Telephone Number)
Patt	ti Ferris at (321) 558-6502
For fu	rther information concerning this matter, please call:
	(City/State and Zip Code)
Orlar	ndo. FL 32835
	(Address)
2100	0 S Hiawassee Rd
	(Name of Firm/Company)
Ev	ergreen Lifestyles Management LLC
	(Name of Person)
P	Patti Ferris
Please	return all correspondence concerning this matter to the following:
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
	JERLIN I NOWIDLE.
	(Name of Corporation) IMENIT NUMBER: N1700008049
SUBJ	ECT: Payne Park Village Homeowners Association, Inc.
TO:	Amendment Section Division of Corporations

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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), 617.0502(2), 607.1509, or 617.1509	,
Florida Statutes, the undersigned, Evergreen Lifestyles Management, LLC	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Payne Park Village Homeowners Association, Ir (Name of Corporation)	<u>.c.</u>
N17000008049	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known ac	ldress.
The agency is terminated and the office discontinued on the 31st day after the date on withis statement is filed.	nich
Patti Ferris	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Patti Ferris	
(Typed or Printed Name)	
Executive Director Support Services	~)
(Capacity)	202
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withdrawn corporation	(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