N17000009557

(Re	equestor's Name)	
(Ad	idress)	
(An	ldress)	_ _
(/ 10		
(Cit	ty/State/Zip/Phone #)	
-	_	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(23	2,,	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	i
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Office Use Only



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COVER LETTER

Division of Corporations	
Tarramor Homeowners Association, Inc. SUBJECT:	
(Name of Corporat	ion)
DOCUMENT NUMBER: N17000009557	
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)	-
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 321	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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 Agen	t)
hereby resigns as Registered Agen	Tarramor Homeowners Association, Inc.	
neros, resigns as registered regen	(Name of Corporation)	
N17000009557		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its l	ast known address.
The agency is terminated and the of this statement is filed.	Office discontinued on the 31st day after the state of Resigning Agent)	he date on which
If signing on behalf of an entity:		
Gris Romero		2022 AUG 22 SULAHA
 -	(Typed or Printed Name)	
Executive Director of	of Support Services	(r) -
	(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withdrawn corporation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

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