

N17 0000009745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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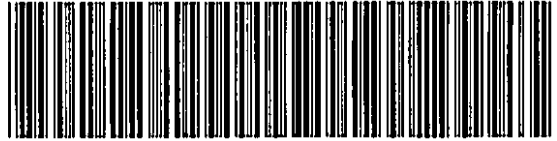
(Business Entity Name)

(Document Number)

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JUL 22 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Overlook at Ruby Lake Homeowners Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N17000009745

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 Ferri

(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 _____ at (321) 558-6502
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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 Overlook at Ruby Lake Homeowners Association, Inc.

(Name of Corporation)

N17000009745

(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.

Dayna Patrick

(Signature of Resigning Agent)

If signing on behalf of an entity:

Dayna Patrick

(Typed or Printed Name)

Support Services/Transition Specialist

(Capacity)

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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