N17000010451

(F	Requestor's Name)	
()	Address)	
(/	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
3)	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	
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COVER LETTER

	endment Section sion of Corporations
SUBJECT: <u>E</u>	Enclave at Laurel Park Flomeowners Association, Inc. (Name of Corporation)
DOCUMEN	NT NUMBER:N17000010451
The enclosed	d Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
Patti Fe	erris
	(Name of Person)
Evergree	en Lifestyles Management LLC
	(Name of Firm/Company)
2100 S Hi	awassee Rd
	(Address)
Orlando, FI	32835
	(City/State and Zip Code)
For further i	information concerning this matter, please call:
Patti Ferri	isat (_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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.150)9.
Florida Statutes, the undersigned, Evergreen Lifestyles Management, LLC (Name of Registered Agent)	
•	
nereby resigns as Registered Agent for Enclave at Laurel Park Homeowners Associat (Name of Corporation)	on, Inc.
N17000010451	
(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 his statement is filed.	which
Patti Ferris (Signature of Resigning Agent)	
(Signature of Kesigning Agent)	
f signing on behalf of an entity:	
	707
Patti Ferris	
(Typed or Printed Name)	_
	- .
Executive Director Support Services	
(Capacity)	
	ت.
Fee for filing this document:	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation