NKOOOOOSAU

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phon	e #)		
PICK-UP WAIT	MAIL		
☐ PICK-UP ☐ WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificate:	s of Status		
Special Instructions to Filing Officer:			

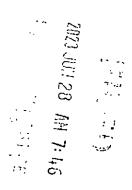
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06/28/23--01016--014 **87.50



COVER LETTER

TO:	Amendment Section Division of Corporations
SHR	Worthington of Sarasota Community Association, Inc.
300	(Name of Corporation)
DOC	UMENT NUMBER: N18000000820
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Gris F	Romero
	(Name of Person)
Everg	reen Lifestyles Management LLC
	(Name of Firm/Company)
270 W	7. Plant St., Ste 340
	(Address)
Winte	r Garden, FL 34787
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Gris R	tomero 321 558-6511 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sect	ions 607.0503(2). 617.0502(2), 607.1509	, or 617.1509,
Florida Statutes, the undersigned, Evergreen Lifestyles Management LLC (Name of Registered Agent)		
		nt)
hereby resigns as Registered Age	nt for Worthington of Sarasota Community As	sociation, Inc.
The too, realigns all registered rige	(Name of Corporation)	
N18000000820		
(Document Number, if known)		
A copy of this resignation was m	ailed to the above listed corporation at its	last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after	the date on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		2023 JUT 28
Gris Romero		100
	(Typed or Printed Name)	
Executive Director	of Support Services	M 7
	(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