# N18000004984

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
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09/21/23--01014--023 \*\*87.50

FILED Sep 21, 2023 08:00 AM Secretary of State

Ra Risignation

OCT 1 2 2023 D CUSHING

#### **COVER LETTER**

Division of Corporations	
Hidden Creek of Sarasota Homeowners Association, Inc	
(Name of Corpora	tion)
DOCUMENT NUMBER: N18000004984	
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Gris Romero	
(Name of Person)	<del></del>
Evergreen Lifestyles Management LLC	
(Name of Firm/Company)	FILED Sep 21, 2023 08:00 AM
270 W Plant St Ste 340  Secretary of Sta	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Gris Romero 321	558-6511
(Name of Person) (Area Cod	e & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active comporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Evergreen Lifestyles Management LLC
r forfall blattates, the undersigned,	(Name of Registered Agent)
hereby resigns as Registered Agen	Hidden Creek of Sarasota Homeowners Association, Inc.
neredy resigns as registered Agen	(Name of Corporation)
N18000004984	
(Document Number, if known)	
A copy of this resignation was ma	led to the above listed corporation at its last known address.
The agency is terminated and the of 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:	FILED
Gris Romero	Sep 21, 2023 08:00 AM  Secretary of State
	(Typed or Printed Name)
Vice President, Sup	port Services
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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