MIGOOOOSHAR

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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2024 FEB 12 AM 11:51 SEGRETARY OF STATE

Ra Resignation

MAR 1 3 2024 D CUSHING

COVER LETTER

TO: Amendment Section			
Division of Corporations			
Lake Denham Homeowners Associa SUBJECT:	ition, Inc.		
	(Name of Corpora	tion)	
DOCUMENT NUMBER: N19000008422			
The enclosed Resignation of Registered A	gent for a Corpo	ration and fee are submitted	d for filing.
Please return all correspondence concernir	ng this matter to	the following:	
Gris Romero			
(Name of Person)		_	
Evergreen Lifestyles Management LLC			
(Name of Firm/Company)		-	
270 W. Plant St., Ste 340			2021 SE
(Address)		_	FIL. 2024 FEB 12 SEGRETARY
Winter Garden, FL 34787			17AN 74H
(City/State and Zip Code)		_	
For further information concerning this ma	itter, please call:		AMII: 5
Gris Romero	321 at (558-6511	51. 51.
(Name of Person)		e & Davtime Telephone Num	(ber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	
The same of the thidering near	(Name of Registered Agent)	
hereby resigns as Registered Agen	Lake Denham Homeowners Association, Inc.	
Thereby resigns as registered regen	(Name of Corporation)	
N19000008422		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its las	st known address.
The agency is terminated and the countries this statement is filed.	Office discontinued on the 31st day after the	date on which
If signing on behalf of an entity:	(Signature of Resigning Agent)	21 S
Gris Romero		2024FEB SECRETA
	(Typed or Printed Name)	— 表 7
Executive Director o	of Support Services	AHII:5
 	(Capacity)	<u>₽</u> ≧ თ

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