

N20 000000 1661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

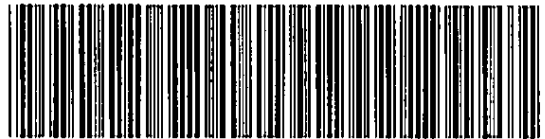
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation to
RA

09 SEP 21 --01005 --031 --87.50

SECRETARY OF STATE
OFFICE OF THE CLERK

2021 SEP 20 PM 12 42

FILED

SEP 30 2021

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grand Isles at Beachwalk Townhome Association Inc

(Name of Corporation)

DOCUMENT NUMBER: N20000001661

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:

Gris Romero

(Name of Person)

Evergreen Lifestyles Management LLC

(Name of Firm/Company)

2100 S Hiawasse Rd

(Address)

Orlando FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Gris Romero

(Name of Person)

at (321) 558-6511

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
2021 SEP 20 PM 12 42
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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 Grand Isles at Beachwalk Townhome Association Inc

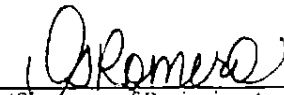
(Name of Corporation)

N20000001661

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Gris Romero

(Typed or Printed Name)

Executive Director of Support 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