P02000071124

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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19 APR 12 PM 6: 26
School 5

APR 1 7 2019 S. YOUNG

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: NICHE LEISURE HOLDII	NGS, CORP
	(Name of Corporat UMENT NUMBER: P0200071124	ion)
The er	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Lar	ry V. Bishins, Esq.	
	(Name of Person)	-
Lar	ry V. Bishins, P.A.	
	(Name of Firm/Company)	-
454	18 N Federal Hwy	
	(Address)	-
Ft L	_auderdale, FL 33308	
	(City/State and Zip Code)	-
For fu	rther information concerning this matter, please call:	
Lar	ry V. Bishins at 954	803-0080 & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

, ,

Pursuant to the provisions of sections 607.0502(
Florida Statutes, the undersigned, Larry V. B	ishins				
Tivital statutes, the talders/gired.	(Name of Registered Agent)				
hereby resigns as Registered Agent for MICHE LIESURE HOLDINGS					
Thereby resigns as registered regent for	(Name of Corporation)				
P0200071124					
(Document Number, if known)					
A copy of this resignation was mailed to the abo	ve listed corporation at its last known address.				
The agency is terminated and the office discontinuithis statement is filed.	nued on the 31st day after the date on which				
(Signature of	Resigning Agent)				
If signing on behalf of an entity:	FILED APR 12 PM ARASSEE, I				
(Typed or F	Printed Name) 6: 26				
(Ca	pacity)				

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

N07000004932

(Requestor's Name)				
(Address)				
(Address)				
(Ch. (Cha. Th. (Dhana 4)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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APR 17 2019 S. YOUNG

COVER LETTER

Division of Corporations

SUBJECT: Victoria Parc at Tradition Association Inc

(Name of Corporation)

DOCUMENT NUMBER: N07000004932

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:

Patti Ferris

(Name of Person)

Evergreen Lifestyles Management LLC

(Name of Firm/Company)

2100 S Hiawassee Rd

(Address)

For further information concerning this matter, please call:

(City/State and Zip Code)

Patti Ferris

(Name of Person)

at (321) 558-6502

(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.

Street Address:
Amendment Section
Division of Corporations
Clifton Building

TO:

Amendment Section

Orlando, FL 32835

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617				
Florida Statutes, the undersigned, Evergreen Lifestyles Management LLC				
(Name of Registered Agent)	_		-	
hereby resigns as Registered Agent for Victoria Parc at Tradition Assoc	iation	Ind		
(Name of Corporation)			_	
N0700004932				
(Document Number, if known)				
A copy of this resignation was mailed to the above listed corporation at its last kno	own add	dress	i.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whi	ich		
Patti Ferris				
(Signature of Resigning Agent)				
If signing on behalf of an entity:	<u></u>	9		
in signing on senior of an entry.		APR		
	55 F	12	FILED	
(Typed or Printed Name)	<u> </u>	70		
()	 .	<u>ن</u>	-	
	Ê	: 25		
(Capacity)		٠.		
(Superity)				

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

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