

F07 000004403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000106012

Office Use Only



700369211157

RECEIVED  
2021 JUL 27 PM 12:04  
ALLAHASSEE, FLORIDA  
JUL 27 AM 11:37

JUL 2021

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2021

CSC

**RESUBMIT**

Please give original  
submission date as file date

SUBJECT: LEGACY CORPORATE RESOLUTIONS, INC.  
Ref. Number: 700369211157

We have received your document for LEGACY CORPORATE RESOLUTIONS, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 721A00017616

RECEIVED  
2021 JUL 29 PM 3:52  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 929080 7655920

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 26, 2021

ORDER TIME : 9:32 AM

ORDER NO. : 929080-005

CUSTOMER NO: 7655920

FOREIGN FILINGS

NAME:

CORPORATE-RESOLUTIONS MIAMI, INC

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CORPORATE RESOLUTIONS MIAMI, INC  
(Name of Corporation)

DOCUMENT NUMBER: FD7000004403

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)  
  
CSC  
\_\_\_\_\_  
(Firm/Company)  
  
80 STATE STREET, 10TH FLOOR  
\_\_\_\_\_  
(Address)  
  
ALBANY, NEW YORK 12207  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL MELOCCHI at ( 800 ) 927-9801 x62611  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

CORPORATE RESOLUTIONS MIAMI, INC

\_\_\_\_\_  
(Name of Corporation)

F07000004403

\_\_\_\_\_  
(Document Number of Corporation (if known))

NEW YORK JULY 10, 1991

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

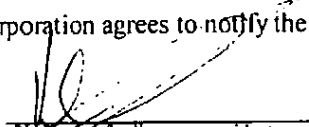
345 7 AVENUE, 10 FLOOR

\_\_\_\_\_  
(Mailing Address)

NEW YORK, NEW YORK 10001

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

KENNETH SPRINGER

\_\_\_\_\_  
(Typed or printed name of person signing)

7/8/21

\_\_\_\_\_  
(Date)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**