

F/6000000367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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16 FEB 19 PM 12:20

9102 2 3 834

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# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724  
Toll Free: 844-541-6792

DATE: 2-19-16

WALK IN

ENTITY NAME: Legacy Lifestyles Ogee  
Project GP, Inc.

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

Plain Copy  
☒ Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

\_\_\_\_\_Certified Copy of Arts & Amendments

\_\_\_\_\_Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 43.75

CHECK NUMBER: 2282

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

*Tina Goff, President*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEGACY LIFESTYLES OCOEE PROJECT GP INC.

(Name of Corporation)

**DOCUMENT NUMBER:** F16000000367

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

at ( )

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☒ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) 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  
2661 Executive Center Circle  
Tallahassee, FL. 32301

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

LEGACY LIFESTYLES OCOEE PROJECT GP INC.

(Name of Corporation)

F16000000367

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of)

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:

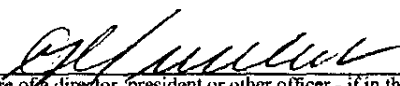
4197 WALKERS LINE

(Mailing Address)

BURLINGTON, ONTARIO L7M 0Y3 CANADA

(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)

GREG MARCHANT

(Typed or printed name of person signing)

February 17, 2016

(Date)

President

(Title of person signing)

**FILING FEE \$35**

**FILED**  
2016 FEB 19 A 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA