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(Address)

(City/State/Zip/Phone #)

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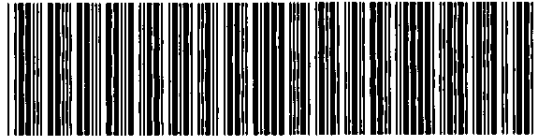
(Business Entity Name)

(Document Number)

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DATE: 2/3/16

ENTITY NAME: LEGACY LIFESTYLES OCOEE PROPERTY INC
F16000000401

WALK IN

****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: _____

CHECK NUMBER: _____

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

Thank you!

Tina Goff, President

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -3 PM 5:55

TO: Amendment Section
Division of Corporations

SUBJECT: LEGACY LIFESTYLES OCOEE PROPERTY INC.

(Name of Corporation)

DOCUMENT NUMBER: F16000000401

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:

_____ at (_____) _____
(Name of Person) (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 PROPERTY INC.

(Name of Corporation)

F16000000401

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of)

FILED
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DIVISION OF CORPORATIONS
16 FEB -3 P. 5:55

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:

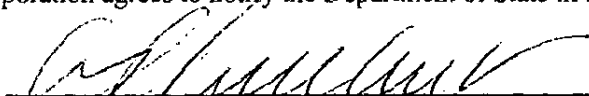
4197 WALKERS LINE

(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)

February 3, 2016

(Date)

GREG MARCHANT

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35