Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000208708 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

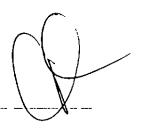
Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

# REGISTERED AGENT RESIGNATION LEGENDS 10, INC.

Certificate of Status	0
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### **COVER LETTER**

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Division of Corporations			
SUBJECT: Legends 10 Inc.			
(Name of Corporation)			
DOCUMENT NUMBER:			
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	d for filing.		
Please return all correspondence concerning this matter to the following:	<del>_</del> :	2023	
Erika A. Easter		2023 JUH	· • • • • • • • • • • • • • • • • • • •
(Name of Person)		-9	-712
eResidentAgent, Inc.	T. (S.)	P	
(Name of Firm/Company)	( "	1 8: 47	, <b>45</b>
228 Park Ave S. PMB 50845	ند. د نخر <del> بدا</del>	۲٦	
(Address)			
New York, NY 10003			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Erika A. Easter at (310 ) 820-1000  (Name of Person) (Area Code & Daytime Telephone Num	iber)		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of section	s 607.0503(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned,	eResidentAgent, Inc.	
hereby resigns as Registered Agent f	Legends 10 Inc.	
	(Name of Corporation)	
(Document Number, if known)		
A copy of this resignation was maile	d to the above listed corporation at its last kno	own address.
The agency is terminated and the off this statement is filed.	ace discontinued on the 31st day after the date	on which
- FWA		2023 JU
If signing on behalf of an entity:	(Signature of Resigning Agent)	2023 JUN -9 AH 8: 47
Jeffrey A. Unger		
	(Typed or Printed Name)	47
President of eResident	dentAgent, Inc.	
	(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