

LD3000002910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

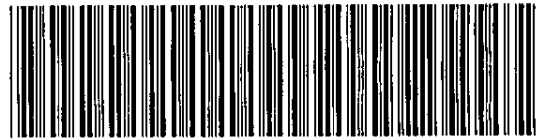
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400266629794

01/23/15--01006--011 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
15 JAN 23 AM 11:23

RHAR

JAN 26 2015

R. WHITE

FILED  
15 JAN 23 AM 11:11  
DEPT. OF STATE  
FALLS CHURCH, VIRGINIA



**[Redacted]**  
Oryant Miller Olive

Requester's Name

101 North Monroe St # 900

Address

Tallahassee FL 32301

City/State/Zip

Phone #

Pam Bailey 850-222-8611

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Legacy Communities of Berkshire Place, LLC L03000002510  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legacy Communities of Berkshire Place, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000002510

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles L. Cooper, Jr. 850-222-8611

Name of Person

Bryant Miller Olive P.A.

Name of Firm/Company

101 N. Monroe St., Suite 900

Address

Tallahassee, FL 32301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela K. Bailey at (850) 222-8611

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Charles L. Cooper, Jr.**, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **Legacy Communities of Berkshire Place, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L03000002510**


\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

  
\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**FILED**  
**15 JAN 23 AM 11:11**  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS