

LOG000123202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

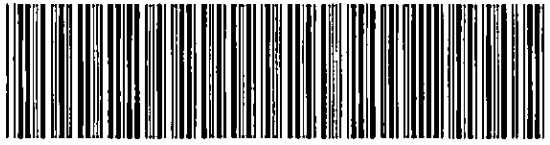
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Communities at Pembroke Park, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000123202

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.
Name of Person

Bryant Miller Olive
Name of Firm/Company

101 North Monroe Street, Suite 900
Address

Tallahassee, Florida 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:

Charles L. Cooper, Jr. 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 at Pembroke Park, LLC

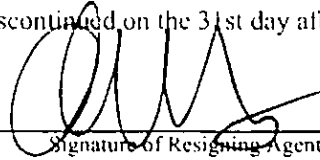
Name of Limited Liability Company

L06000123202

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

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18 JUL 12 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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