

L17000192534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

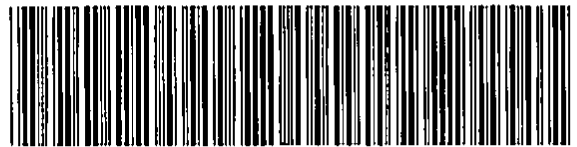
(Business Entity Name)

(Document Number)

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18 OCT 15 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 23 2018  
S. YOUNG

2018 OCT 15 AM 10:20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legacy Resorts East, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000198534

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:

JAULFKA, PHILIP W  
Name of Person

Legacy Resorts East, LLC  
Name of Firm/Company

2101 LAKEWAY BLVD #130  
Address

LAKEWAY, TX 78734  
City/State and Zip Code

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

For further information concerning this matter, please call:

Vivian Zeoli at (954) 227-3970  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
18 OCT 15 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Vivian Zeoli

, hereby resigns as

Name of Registered Agent

Registered Agent for Legacy Resorts East, LLC

Legacy Resorts East LLC

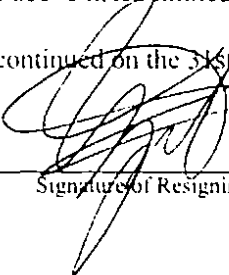
Name of Limited Liability Company

L17000198534

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 document is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Vivian Zeoli

Typed or Printed Name

Capacity

**FILED**  
**OCT 15 PM 5:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## **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