## M98000000613

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
· (Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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**EXAMINER** 



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SECRETARY OF STATE 3 VISION OF CORPORATIONS

## **COVER LETTER**

	on Section of Corporations		
SUBJECT: Troo	n Legacy LLC		
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed without	lrawal and fee(s) are submitt	ed for filing.	
Please return all co	rrespondence concerning thi	s matter to the following	i.
Kathryn A. Wong			
	(Name of Person)		
Troon Golf, L.L.C.			
	(Finn/Company)		
15044 N. Scottsdal	e Road - Suite 300		
	(Address)		
Scottsdale, Arizona	85254		
	(City/State and Zip Coo	le)	
For further informa	tion concerning this matter,	please call:	
Kathryn A. Wong		at (480	477-0476
1)	Vaine of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bu 2661 Exec	f Corporations	Registi Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check	c for the following amount:		
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Troon Legacy LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M98000000613
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent 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 in Florida.
c/o Troon Golf, L.L.C., 15044 N. Scottsdale Road - Suite 300 (Mailing address)
Scottsdale, Arizona 85254 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Timothy S. Schantz, EVP of Member
(Typed or printed name of signee)

Filing Fee: \$25.00