# N05000006552

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LEGACY PARK Property OWNERS ASSOCIATION, IN (Name of Corporation)
DOCUMENT NUMBER: N0500006552
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM BOWERS
(Name of Person)
(Name of Firm/Company)
3527 PALM HARBOR BLUD.
PALM HARBOR, FL 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM POWERS at (467) 228 - 4181 (Name of Person) at (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, WILLIAM POWERS
hereby resigns as Registered Agent for FGACY PARK PROPERTY DWNERS  (Name of Corporation)  (Name of Corporation)  (Name of Corporation)  (Name of Corporation)
NO50000 6552
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
William Pawer (Signature of Resigning Agent)
If signing on behalf of an entity:
If signing on behalf of an entity:  WILLIAM POWERS  APRIL  TO SERVICE OF THE SERV
(Typed or Printed Name)
PAGIDENT SS
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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