

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000242176 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH Account Number: 076077001702

Phone

(407)841-1200

Fax Number

(407) 423-1831

REGISTERED AGENT RESIGNATION

LIFESPAN LEGACY FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

DPH 026679/046879

Electronic Filing Menu

Corporate Filing Menu

Help

6,204,8

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

3 14:15 FAX 4074231831	DEAN MEAD ORLANDO	② 002
o.	(((H08000242176 3)))	
,		
		T PARTIS ANDOOR
RESIGN	NATION OF REGISTERED AGEN	
	FOR A CORPORATION	ATAGON AND
		\$\$\$. 6
	ctions 607.0502(2), 617.0502(2), 607.1509, 6	or 617.1509,
Florida Statutes, the undersigned	d, Dean Mead Services, LLC (Name of Registered Agent)	
hereby resigns as Registered Ag	gent for LifeSpan Legacy Foundation, In	
	(Name of Corporation)	······································
N06000007018		
(Document Number, if known	n)	
A copy of this resignation was n	nailed to the above listed corporation at its la	st known address.
The agency is terminated and the this statement is filed.	e office discontinued on the 31st day after th	e date on which
	-6/1/2/20	
× N	(Signature of Vicestgring Agent)	
If signing on behalf of an entity:		
By: Dean	, Mead, Egerton, Bloodworth, Capou	
By: David	P. Hathaway	Sole Memeber
	(Typed or Printed Name)	
Vice Presid	dent	
	(Capacity)	1

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Tallahussee, FL 32314