

N06214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

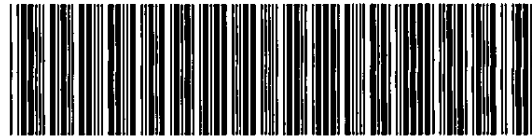
(Business Entity Name)

(Document Number)

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17 APR 25 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*4/28/17*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Legacy Golf and Tennis Club  
(Name of Corporation)

**DOCUMENT NUMBER:** N06214

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Cross

(Name of Person)

(Name of Firm/Company)

16-C Harrison Street

(Address)

Keene, NH 03431

(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Green

(Name of Person)

at ( 772 ) 466-7888 x 102

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**Treasurer/Director**

I, Thomas E. Cross, hereby resign as \_\_\_\_\_  
(Title)

of The Legacy Golf and Tennis Club  
(Name of Corporation)

N06214, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

**FILED**  
**17 APR 25 PM 4:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314