## PD4000011330

(Req	uestor's Name)			
(Add	lress)			
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LEGACY Imports INC (Name of Corporation)
DOCUMENT NUMBER: 10 4 0000 71330
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK W Smith (Name of Person)
LEGACY Im fonts Inc (Name of Firm/Company)
(Address)
(Address)
214kE Paul F1 33403 (City/State and Zip Code)
For further information concerning this matter, please call:
Manh W Smith at (561) 840-0333 (Name of Person) (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Paul Convons	, hereby resign as	Director (Title)		
of LEGACY IMPONTS (Name of C	TWC,		······································	
Po 4 0000 7/330 , a (Document Number, if known)	corporation organized und	er the laws of the State of	f	
Florioa.			08	SECT
			JUN-6	N OF COR
Paul Carl (Signal	Mhe CS—ature of resigning officer/director	or)	AM 8: 12	F STATE

## 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