

P20 0000 10229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

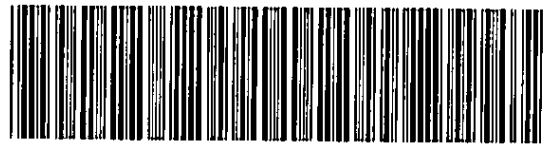
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Legacy of N FL Inc.

(Name of Corporation)

DOCUMENT NUMBER: P20000010229

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

Please return all correspondence concerning this matter to the following:

Michael Minton

(Name of Person)

Legacy of N FL Inc.

(Name of Firm/Company)

1468 SW Main Blvd, Ste. 105-5

(Address)

Lake City, FL 32025

(City/State and Zip Code)

For further information concerning this matter, please call:

Nettie Davis

(Name of Person)

at (386)

752-4576

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Heather Schneider, hereby resign as Vice President
(Title)

of Legacy of N Fl Inc
(Name of Corporation)

P20000010229, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Heather Schneider
(Signature of resigning officer/director)

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CLERK OF STATE
TALLAHASSEE, FL

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