P9900025214

(Requestor's Name)
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TRANSMITTAL LETTER

TO: Amendment Se Division of Cor							
SUBJECT: Legacy M	ortgage Corp	oration					
·		(Name of	f Corporatio	n)			
DOCUMENT NUMB	ER: P990000			•	<u> </u>	<u> </u>	
The enclosed Resignati	on of Registere	d Agent for	a Corporat	ion and	fee are subn	nitted for filit	ıg.
Please return all corresp	ondence conce	erning this m	atter to the	followi	ng:		
Kevin Kaplan, Esq.				,			
(Name of Person)		-			•	•
Aragon, Burlington,	Weil, Schwiep	, Kaplan, 8	& Blonsk				
(Nan	e of Firm/Comp	any)		. •	• •		
2699 S. Bayshore D	rive, Penthou	se		, " ,	y - pro	• 	**
	(Address)	<u></u>		•		• •	
Miami, FL 33133							
- (City	State and Zip Co	ode)		.:	•		
For further information	concerning this	s matter, ple	ase call:				
Steven Haymon		-4	954- \	331-1	630		
-	f Person)	at (Area Code &	& Daytim	e Telephone	Number)	
Enclosed is a check ma or \$35.00 for an admin	de payable to th stratively disso	ne Florida Do lved, volunt	epartment o arily dissol	of State i ved or w	for \$87.50 f rithdrawn c	or an active corporation.	orporation
Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	s <u>Ā</u> S <u>C</u> 4	treet Addre mendment Solvision of C 09 E. Gaines allahassee, I	Section orporations Street	S			

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Steven E. Haymon
(Name of Registered Agent)
hereby resigns as Registered Agent for Legacy Mortgage Corporation
(Name of Corporation)
P9900025214
(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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
11 PA 12 PA
(Typed or Printed Name) ASSTRY OF THE STATE
(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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