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(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
SECR

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Legacy Advi. (Name of Limited Li	SUCS LLC ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Sandra T. Masler (Contact Person)	<u>. </u>
Legacy Advisors LLC (Firm/Company)	
240 S. Pineapple Ava	. ste. 803
Scrosota, FL 342 (City/State and Zip Code)	236
For further information concerning this matter, ple	ease call:
Sondra T. Minslen at (Name of Contact Person) (A	941) 870-0070 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the 25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as			rds of the Florida Departmen
	lity company was organized		e laws of:	
3. The Florida docu	ment/registration number of	f this limi	ited liability o	company is:
of this limited liab resignation in wri		e limited	liability com	npany has been notified of m
_	\$25.00 (Required) \$30.00 (Optional)			