

**LOS 0000 94099**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H18000343696 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
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RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

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**LLC DISSOLUTION OR WITHDRAWAL  
MT LEGACY, LLC**

Certificate of Status	0
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December 4, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MT LEGACY, LLC  
1432 ST. JOHNS BLUFF ROAD  
JACKSONVILLE, FL 32225

SUBJECT: MT LEGACY, LLC  
REF: L05000094099

\*\*\*PLEASE PROVIDE THE ORIGINAL  
SUBMISSION DATE OF 12/3/18. THANK YOU!\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H18000343696  
Letter Number: 018A00024794

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
MT LEGACY, LLC
2. The Articles of Organization were filed on 09/23/2005 and assigned  
document number L05000094099
3. The delayed effective date the dissolution if not effective on the date of filing: December 3, 2018  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
All members and managers voted to dissolve the entity.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:
6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:



Signature

FRANK WILSON

Printed Name

FILING FEE: \$25.00

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