

W070000097177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAY 19 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2008

LINDA LAWN  
5552 VIA DE LA PLATA CIRCLE  
DELRAY BEACH, FL 33484

SUBJECT: LEGACY TRUST SPECIALIST LLC  
Ref. Number: L07000097177

We have received your document for LEGACY TRUST SPECIALIST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 308A00029508

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEGACY TRUST SPECIALIST LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA LAWN

(Name of Person)

(Firm/Company)

5552 VIA DE LA PLATA CIRCLE

(Address)

DELRAY BEACH, FLORIDA 33484

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA LAWN

(Name of Person)

at ( 561 ) 302-1377

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
**LEGACY TRUST SPECIALIST LLC**

2. The Articles of Organization were filed on **SEPTEMBER 24, 2007** and assigned document number  
**L07000097177**

3. The date the dissolution was approved: **MAY 3, 2008**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).  
**LLC DID NO BUSINESS AND WILL NOT BE DOING ANY BUSINESS IN THE FUTURE**

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

*Linda Lawn*

Printed Name

**LINDA LAWN**