

L08000089 353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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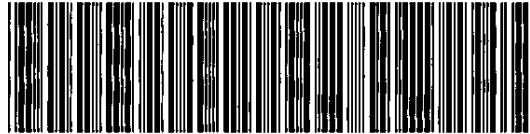
Special Instructions to Filing Officer:

A. LUNT

MAY 22 2009

EXAMINER

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05/20/09--01011--024 \*\*25.00

2009 MAY 21 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Legacy Advisors Group, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**James Michael Ertel**

Name of Person

**Legacy Advisors Group, LLC**

Firm/Company

**1101 Channelside Drive, Suite 290**

Address

**Tampa, Florida 33602-5757**

City/State and Zip Code

**mike.ertel@att.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mike Ertel**

Name of Person

at ( **813** )

**299-7862**

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

**Legacy Advisors Group, LLC**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

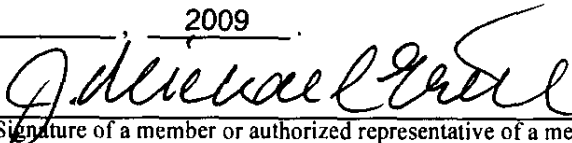
| <u>Title</u> | <u>Name</u>        | <u>Address</u>                         | <u>Type of Action</u>  |
|--------------|--------------------|--|--|
| MGR          | Michael Lewis Raab | 4218 Fairway Circle<br>Tampa, FL 33618 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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\_\_\_\_\_  
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2009 MAY 21 PM 3:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dated May 15, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

James Michael Ertel  
\_\_\_\_\_  
Typed or printed name of signee