Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PURCELL, FLANAGAN, HAY & GREENE, P.A.

Account Number : 071722000522 : (904)355-0355 Phone : (904) 355-0820 Fax Number

LLC DISSOLUTION OR WITHDRAWAL LEGACY EVENTS & ENTERTAINMENT, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

JAN 3 - 2022

S. PRATHER

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Help

	ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMP		2021 DEC 29
. The name of a limited lial Legacy Events & Entertains			c33
	ion were filed on March 26, 2009	and assigned	PM 2: 26 PM STATE FLORIO
document number L09000	0029732		D.
Note: If the date inserted i	e the dissolution if not effective on the dative date cannot be prior to or more than 90 days late this block does not meet the applicable statusective date on the Department of State's reconstitution.	itory filing requirements, this date	r filing) e will not be
I. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited liability con, (copy 605.0707 on back cover letter).	npany's dissolution pursuant to	o section
Dissolution was approve	ed by the members and managers.		
	enter the name and address of the person a	appointed to wind up the comp	pany's
activities and affairs:	(terry passes)		<del></del>
	PO Box 3405		
	St. Augustine, FL 32085		
<ol> <li>Signature of an authorize above to wind up the compa</li> </ol>	d person or if there are no members, the s	ignature of the person appoint	ted and listed
above to while up the compa	ny saotrinos and arrano.		
Yelly Bush	Melly Bushel	Printed Name	<del></del>

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

## NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Description of information that must be included in a written claim:  (a) Name, address and telephone number of the claimant; (b) Amount of claim, including, if applicable, principal, interest, penalties or other charges; (c) Statement containing a reasonable description of, and the basis for, the claim; (d) Copy of any and all writings evidencing the claim or upon which the claim is based; and (e) Statement of whether or not the claimant has other claims against the Company or its officers, directors, agents or representatives, in their capacities as such. The Company is the subject of a dissolution. A claim must be in writing.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO Box 3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company will be barred unless a proceeding to enfort the claim is commenced within 4 years after the filing of this notice.	Name of Limited Liability Company:	
Description of information that must be included in a written claim:  (a) Name, address and telephone number of the claimant; (b) Amount of claim, including, if applicable, principal, interest, penalties or other charges; (c) Statement containing a reasonable description of, and the basis for, the claim; (d) Copy of any and all writings evidencing the claim or upon which the claim is based; and (e) Statement of whether or not the claimant has other claims against the Company or its officers, directors, agents or representatives, in their capacities as such. The Company is the subject of a dissolution. A claim must be in writing.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO Box 3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company will be barred unless a proceeding to enforting the claim is commenced within 4 years after the filing of this notice.	Document number of Limited Liability Company is:	)29732
(a) Name, address and telephone number of the claimant; (b) Amount of claim, including, if applicable, principal, interest, penalties or other charges; (c) Statement containing a reasonable description of, and the basis for, the claim; (d) Copy of any and all writings evidencing the claim or upon which the claim is based; and (e) Statement of whether or not the claimant has other claims against the Company or its officers, directors, agents or representatives, in their capacities as such. The Company is the subject of a dissolution. A claim must be in writing.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO Box 3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company will be barred unless a proceeding to enforted file claim is commenced within 4 years after the filing of this notice.	Date of dissolution was:	
interest, penalties or other charges; (c) Statement containing a reasonable description of, and the basis for, the claim;  (d) Copy of any and all writings evidencing the claim or upon which the claim is based; and (e) Statement of whether or not the claimant has other claims against the Company or its officers, directors, agents or representatives, in their capacities as such. The Company is the subject of a dissolution. A claim must be in writing.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO Box 3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	Description of information that must be included in a writter	ı claim:
(d) Copy of any and all writings evidencing the claim or upon which the claim is based; and (e) Statement of whether or not the claimant has other claims against the Company or its officers, directors, agents or representatives, in their capacities as such. The Company is the subject of a dissolution. A claim must be in writing.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO Box 3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company will be barred unless a proceeding to enforted file claim is commenced within 4 years after the filing of this notice.	(a) Name, address and telephone number of the claimant; (b) Amo	ount of claim, including, if applicable, principal,
whether or not the claimant has other claims against the Company or its officers, directors, agents or representatives, in their capacities as such. The Company is the subject of a dissolution. A claim must be in writing.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO Box 3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company will be barred unless a proceeding to enfort the claim is commenced within 4 years after the filing of this notice.	interest, penalties or other charges; (c) Statement containing a reas	sonable description of, and the basis for, the claim;
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St. Augustine, FL 32085-3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	representatives, in their capacities as such. The Company is the su	bject of a dissolution. A claim must be in writing.
Kally Bushall Va M hall V	PO Box 3405  St. Augustine, FL 32085-3405  A claim against the above named limited liability company	2021 OEC 29 PM 2: 26  FALL All ASSEE, FLORIGHE  will be barred unless a proceeding to enforce.
Printed Name of the Person Filing Signature of the Person Filing	Kelly Bushell	Signature of the Person Filing