# 109000036090

(Req	uestor's Name)	
	lress)	
(Add	1622)	
(Add	ress)	
(City	/State/Zip/Phone	- #\
(Oity	/State/Zip/r fione	σπ)
PłCK-UP	WAIT	MAIL
		· · · · · · · · · · · · · · · · · · ·
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		į
		į

Office Use Only



400179934174

05/03/10--01032--027 \*\*25.00

O MAY -3 PM 12: 42

S. HAWKES

MAY 0 4 2010

EXAMINER

### **COVER LETTER**

Division of Corporations
SUBJECT: Transcend Legacy 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:
Anthony King (Name of Person)
Transcend Legacy (Firm/Company)
6057 Maggies Circle #110 (Address)
Jacksonville FL, 32244 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony King at (904) 994-2413 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Transcend Legacy L	LC
	1.0
2. The Articles of Organization were filed on	and assigned xbcumen number
L09000036090	至
2 The day the Head of the second	4/2 8/10 SS W
3. The date the dissolution was approved:	mg 3
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	Ad liability company's dissolution pursuant to section ver letter).
Did not want to contis	一
Control of the second of the s	
5. CHECK ONE:	
	mited liability company have been paid or discharged.
	ebts, obligations and liabilities pursuant to s. 608.4421.
<del>_</del> · ·	
rights and interests.	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
OR-	atisfaction of any judgment, order or decree which may be
entered against it in any pending suit.	institution of any judgment, craw of according to
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
	A 11 to
Chothony King	Anthony King
, ,	/

FILING FEE: \$25.00