

L 09000059009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

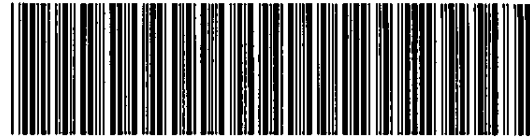
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 13 PM 4:39
TALLAHASSEE, FL 32310

B. POSTICK

JAN 16 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden 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:

RITA Pickering
(Name of Person)
Golden Legacy, LLC
(Firm/Company)
10922 NW 49 Drive
(Address)
Coral Springs, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

RITA Pickering at (954) 345-9838
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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

2014 JAN 13 PM 4:39
TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is

Golden Legacy, LLC.

2. The Articles of Organization were filed on 6/17/09 and assigned
document number L09000059009

3. The delayed effective date the dissolution if not effective on the date of filing: N/A

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).

last property sold.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

RITA Pickering
10922 NW 49 DRIVE
Coral Springs, FL 33076

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

Printed Name

Rita G. Pickering

RITA G. Pickering

FILING FEE: \$25.00

FILED
CLERK OF COURT
JAN 13 2010

2010 JAN 13 PM 4:40