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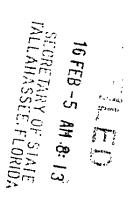
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Legion Eleven, 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:

Jeremy Porter	
(Name of Person)	
(Firm/Company)	
15522 Amberbeam Blvd	
(Address)	
Winter Garden, FI 34787	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Jeremy Porter

407

963-6016

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is							
	Legion Eleven, LLC							
2.	The Articles of Organization	n were filed on $\frac{3/3/1}{}$	0	and assigned	<u>.</u>			
	document number L1000002	4253						
3.	Note: If the date inserted in t	the dissolution if not effective on the date of filing: 2/3/16 we date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be ective date on the Department of State's records.						
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the l copy 605.0707 on be	limited liability company ack cover letter).	's dissolution purs	suant to section			
	The business has been dormant	for the past year and c	operation has ceased, so dec	ided to dissolve LL0	C to avoid			
5.	If there are no members, ent		ress of the person appoin	•	company's			
	delivities and armin.	Craig Cicero		FC 34787	EB-L			
					AH B: ITS			
6. lis	Signature of an authorized pattern above to wind up the con	person or if there are npany's activities an	no members, the signatu d affairs:	re of the person ap	opointed and			
	Juny Ports		Jeremy Porter					
	/ Signature		Pri	inted Name				

FILING FEE: \$25.00