

L1000002243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

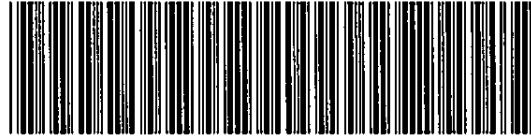
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/27/15--01011--017 \*\*25.00

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15 APR 27 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 04 2015

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legacy Group Financial  
(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:

Deborah Stark  
(Name of Person)

Legacy Group Financial  
(Firm/Company)

4709 Highgate Blvd.  
(Address)

Palm Harbor, FL 34685  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Randy Jones at (707) 935-5342  
(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

Legacy Group Financial

2. The Articles of Organization were filed on 5-1-2015 and assigned

document number L 10000072343

3. The delayed effective date the dissolution if not effective on the date of filing: 0  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

The business never got off the ground.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: none

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FILED

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:

Deborah B Stark  
Signature

Deborah B Stark  
Printed Name

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.

Name of Limited Liability Company: Legacy Group Financial

Document number of Limited Liability Company is: L 10000072342

Date of dissolution was: 5-1-2015

Description of information that must be included in a written claim:

The business was started.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Deborah Stark  
4709 Highgate Blvd.  
Palm Harbor, FL 34685

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.

Deborah B Stark Deborah B Stark  
Printed Name of the Person Filing Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**