

L110000048675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

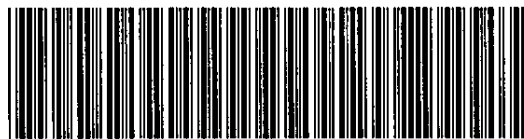
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800258818248

04/28/14--01024--013 **25.00

FILED

2014 APR 28 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 5 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Maloof Academy, 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:

James R. Merola, Esq., Registered Agent

(Name of Person)

James R. Merola, PA

(Firm/Company)

11380 Prosperity Farms Road, Suite 204

(Address)

Palm Beach Gardens, FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Merola, Esq. Registered Agent 561 622-1433

(Name of Person)

at () (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 Maloof Academy, LLC
2. The Articles of Organization were filed on April 25, 2011 and assigned
document number L11000048615
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

We were unable to obtain the City and County permits required to open the Academy
so the project had to be aborted.

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

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

Alicia B. Pajares, MGRM
Printed Name

FILING FEE: \$25.00

FILED
2014 APR 28 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Maloof Academy, LLC

Document number of Limited Liability Company is: L11000048615

Date of dissolution was: 4/28/14

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

Name and address of claimant; description and date of services, purchase order and invoice numbers.

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

Legacy Maloof Academy, LLC

1551 Forum Place, Bldg 200A

West Palm Beach, FL 33401

2014 APR 28 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Alicia B. Pajares, MGRM

Printed Name of the Person Filing

Alicia B. Pajares, MGRM
Signature of the Person Filing

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