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MAY 0.7 2014 J. BRUCE

COVER LETTER

Div	ision of Corporations					
SUBJECT:	Legion Events, LLC		,			
SUBJECT.	(Name of Limited	Liability Comp	any)			
The enclosed	d Articles of Dissolution and fee(s) are submitted	for filing.				
Please return	all correspondence concerning this matter to the	following:				
	Roberto A. Cofresi					
	(Name	of Person)				
	N/A					
	(Firm/C	Company)				
	12142 Old Country Rd.					
	(Ad	dress)				
	Wellington, FL 33414				2014	
	(City/State	and Zip Code)		一	HAY	
For further in	nformation concerning this matter, please call:			654 544 545		
Ro	oberto A. Cofresi	561 at (313-4321	F SIL	2014 MAY - 1 PM 3:	i
	(Name of Person)	(Area (Code & Daytime Telephone	: Number)	00	
Enclosed is a	check for the following amount:					
√ \$ 25	.00 Filing Fee and Certificate of Dissolution		ing Fee, Certificate of Diss Copy (additional copy is et			
	MAILING ADDRESS: Registration Section		REET/COURIER A	ADDRES	is:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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 Events, LLC
2.	The Articles of Organization were filed on January 9, 2013 and assigned
	document number <u>L13000004289</u>
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).
	No activity was performed as originally planned. Legion Events LLC was always
	inactive, never opened a banking account. I decided to dissolve it.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Roberto A. Cofresi, 12142 Old Country Rd.,
	Wellington, FL 33414
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Roberto A. Cofresi
	Signature Printed Name

FILING FEE: \$25.00