## L13000005635

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Audiess)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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03/11/13--01028---065 \*\*\$5.00

2010 MAR II PH 3: 09
SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |                 |                                |          |                  |       |
|---|-----------------|--------------------------------|----------|------------------|-------|
| SUBJECT: Legend Series LLC                          |                 |                                |          |                  |       |
| (Name of Limited L                                  | iability Compan | y)                             |          |                  |       |
| The enclosed member, managing member or man filing. | ager resignati  | on and fee(s) are submi        | tted for |                  |       |
| Please return all correspondence concerning this    | matter to:      |                                |          |                  |       |
| Julian Sauer  |                 |                                |          |                  |       |
| (Contact Person)                                    |                 |                                |          |                  |       |
| Legend Series LLC                                   |                 |                                |          |                  |       |
| (Firm/Company)                                      |                 |                                |          |                  |       |
| 2398 Sadler Rd                                      |                 |                                |          |                  |       |
| (Address)   |                 |                                |          |                  |       |
| Fernandina Beach, FL 320                            | 34              |                                | FAS:     | 2013             |       |
| (City/State and Zip Code)                           |                 |                                |          | 3<br>7<br>7<br>7 | e mar |
| For further information concerning this matter, pl  | lease call:     |                                | HASS     | Ŕ<br>==          | E1.23 |
| Angie McRae   |                 | 261-7803                       |          |                  | 87    |
| (Name of Contact Person)                            | Area Code & I   | Daytime Telephone Numb         | er)      | ယ္               |       |
| Enclosed please find a check made payable to the    | •               |                                | in a     | 9                |       |
| ■ \$25 Filing Fee                                   |                 | Filing Fee &<br>Certified Copy |          |                  |       |
| STREET/COURIER ADDRESS:                             | M               | AILING ADDRESS:                |          |                  |       |
| Registration Section                                |                 | egistration Section            |          |                  |       |
| Division of Corporations                            | Di              | vision of Corporations         |          |                  |       |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

. TO:



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|  | ne limited liability company as egend Series LLC | it appears on the records o | f the Florida Department   |  |
|--|--|-----------------------------|----------------------------|--|
| 2. This limited li<br>Florida          | ability company was organized                    | under the laws of:          |                            |  |
| 3. The Florida do<br>L1300000          | ocument/registration number of 5635              | this limited liability comp | eany is:                   |  |
| 4. I, Scott Sch                        | wartz<br>t Name of Person Resigning)             | , hereby resign as a N      | Manager<br>(Print Title) S |  |
| of this limited lives resignation in v | liability company and affirm the                 |                             | F C 543                    |  |
| Filing Fee:                            | \$25.00 (Required)                               |                             |                            |  |

Certified Copy:

\$30.00 (Optional)