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PM 1: 29	To:	Division of Co Fax Number	rporations : (850)617-6383		197 FEB 22 FH	FILE
2022 FEB 2.2	From:	Account Name Account Number Phone Fax Number	: COUCELO ASSOCIATES,IN : I20120000069 : (561)683-3000 : (561)965-0938	F.0.36. •••••••••••••••••••••••••••••••••••	2 5	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	legacy	ax 10 rps @ gm	2.). Low
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K. SALY

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Division of Corporations

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LEGACY FINANCIAL PARTNERS LLC

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COVER LETTER

TO: Registration Section			
Division of Corpor	ations		
SUBJECT: LEGACY FINA	ANCIAL PARTNER	S LLC	
	(Name of Lin	nited Liability Con	npany)
The enclosed member, res	ignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspon	dence concerning	this matter to:	
ARNALDO J COUCELO			
(Con	tact Person)		•
COUCELO ASSOCIATES, IN	С		
(Firm	v'Company)		-
1818 S AUSTRALIAN AVE S	UITE 230		
(A	ddress)		-
WEST PALM BEACH, FL 339	109		
(City/Sta	te and Zip Code)		-
For further information co	ncerning this mat	ter, please call:	
ARNALDO J COUCELO		561 at (683-300
(Name of Contac		(Area Code	& Daytime Telephone Number)
Enclosed please find a che	ck made payable		
■ \$25 Filing Fee		S55 Filing	g Fee & Certified Copy
Mailing Address:			Street Address:
Registration Section			Registration Section
Division of Corpor	ations		Division of Corporations
P.O. Box 6327	214		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32	J14		TATED IN MOUNTAGE DIRECT DURE OF

CR2E079 (2/14)

Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as i	t appears on the records of the Florida Department	
2. The Florida doci	ument/registration number ass	igned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:	
4. I. COUCELO ASSOCIATES, INC, hereby withdraw/resign as a			
(Print N	iame of Person Resigning)	, norvoy	
MGRM			
 	(Print Title)		
of this limited lia resignation in wr		limited liability company has been notified of my	
Signature of D	issociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (2/14)