

L16000066 412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

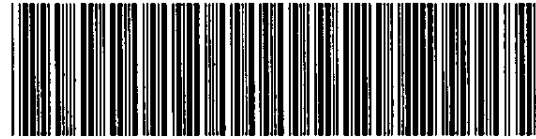
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE

O SIMMONS
JAN 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Motor Sales, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Potwin

(Contact Person)

Legacy Motor Sales, LLC

(Firm/Company)

14900 US Highway 301

(Address)

Dade City, FL 33523

(City/State and Zip Code)

For further information concerning this matter, please call:

David Mickelson

(Name of Contact Person)

813 701-7719
at ()

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Legacy Motor Sales, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000066412
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2016
4. I, David Mickelson, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

David Mickelson

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remaining members are to be allocated as such:

William Potwin AMBR 50%

Gerald Marcum AMBR 50%

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/31, 2016.

Signature of a member or authorized representative of a member

William Potwin

Typed or printed name of signee