L17000234219

(Red	questor's Name)		
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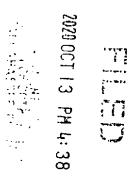
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TODO M. KURLAND, ESQ.

□ \$61.693.4514 | F \$61.693.4516 3801 PGA BLVD. | BUITE 600 | PALM BEACH GARDENS, FL 33410 TKURLAND@TMKURLANDLAW.COM

TMKURLANDLAW.COM

October 8, 2020

Via Federal Express, Tracking 7717 4937 8707

Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Legend Financial Marketing Services, LLC, Document No.: L17000234219

Division of Corporations:

With reference to the above limited liability company, please find enclosed:

- 1. Executed Form CR2E079, Resignation of Manager:
- 2. Executed Form, CR2138, Statement of Authority;
- 3. Executed Limited Liability Company Amended Articles of Organization.

I have enclosed a check from this office's operating account in the amount of \$160.00, which should be apportioned as follows: (1) \$55.00 to Resignation of Manager, filing fee and certified copy; 2. \$55.00 to Statement of Authority, filing fee and certified copy; and \$60.00 to Amended Articles of Organization, filing fee, certified copy and certificate of status.

Please return all certified copies and the certificate of status to: Legend Financial Marketing Services, LLC, Attn: Jonathan R. Bussert, Manager, 11780 US Highway 1, Suite 203N, Palm Beach Gardens, FL 33408.

Respectfully,

Todd M. Kurland, Esq.

Encl: Statement of Authority, Amended Articles of Organization, Resignation of Manager; Check No. 2149

Cc: File, Legend Financial Marketing Services, LLC

COVER LETTER

Registration Section TO: **Division of Corporations** Legend Financial Marketing Services, LLC SUBJECT: (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: Jum Brussent (Contact Person) Legenti Financial Marketing Services, LLC (Firm/Company) 1117800 U.S Highway 1, Suite 2018 N (Address) Pailm Breach Gendens, FL 39408 (City/State and Zip Code) For further information concerning this matter, please call: Donathan Bussett (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 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)

	limited liability company as all Financial Marketing Services, I	• •	of the Florida Department	
2. The Florida doc	ument/registration number a	ssigned to this limited liabi	ility company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	ign is:	
4. I, (Print Name of Person Resigning)		, hereby withdraw/resign as a		
Managar	(Print Title)			
of this limited lia resignation in Wi	bility company and affirm the			
Signature of D	issociating Member or Resig	ming Manager	2020 OCT 13	
	\$25.00 (Required) \$30.00 (Optional)			