

L180000006601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

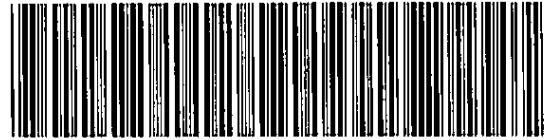
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/20/21--01016--007 *\$55.00

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2021 MAY 20 PM 1:44
TALLAHASSEE, FLORIDA
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LWM 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:

Tony DuBose

(Contact Person)

Legacy Wealth Management, Inc

(Firm/Company)

1250 S Pine Island Road Suite 350

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony DuBose

954 414-0901
at (_____) _____
(Name of Contact Person) (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

Mailing Address:

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

Street Address:

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



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: LWM LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000006601

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/01/2021

4. I, Legacy Wealth Management, Inc., hereby withdraw/resign as a
(Print Name of Person Resigning)

Legacy Wealth Management, Inc.
(Print Title)

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

[Signature] as President of Legacy Wealth Management, Inc.
Signature of Dissociating Member or Resigning Manager

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2021 MAY 20 PM 1:44
TALLAHASSEE, FLORIDA
STATE

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

Notice of Withdrawal of Membership from Limited Liability Company

April 1, 2021


To: The Remaining Member of LWM, LLC (the "Remaining Member")

From: Legacy Wealth Management, Inc. (the "Withdrawing Member")

Notice is hereby given, effective as of April 1, 2021, that I, the Founder and President of Legacy Wealth Management, Inc., voluntarily withdraws its membership from LWM, LLC, which was established on January 8, 2018. Such withdrawal is commenced pursuant to Section 605.0602(1) of the Florida Statutes.

As the Remaining Member, I also hereby acknowledge and consent to this withdrawal of the Withdrawing Member.

This Withdrawal is effective as of May 1, 2021, and shall be filed with the state of Florida in the ordinary course.

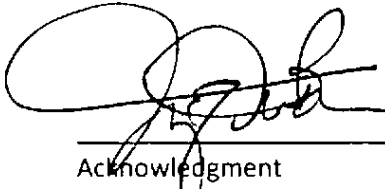
 AS President & Managing Principal

Withdrawing Member

Tony E. DuBose

President & Managing Principal

Legacy Wealth Management, Inc.

 Managing Member

Acknowledgment

Remaining Member

Notice of Withdrawal of Membership from Limited Liability Company

April 1, 2021

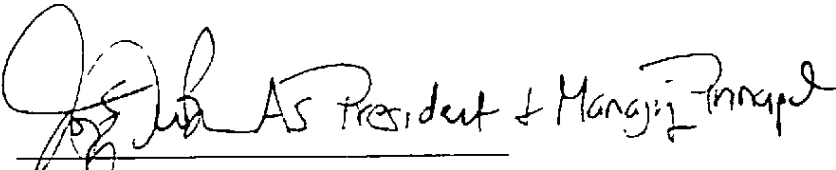
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From: Legacy Wealth Management, Inc. (the "Withdrawing Member")

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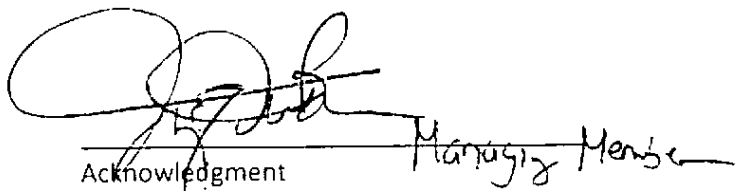


Withdrawing Member

Tony E. DuBose

President & Managing Principal

Legacy Wealth Management, Inc.



Acknowledgment

Remaining Member

Managing Member

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CLERK OF STATE
TALLAHASSEE, FLORIDA