## 119000215364

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## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
JSJ Legacy Enterprises, 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:		
Jade Duncanson		
(Contact Person)		
Bay Surgical Specialists, LLC		
(Firm/Company)		
2191 9th Ave N, Suite 270		
(Address)		
St. Petersburg, FL 33713		·E
(City/State and Zip Code)		# G
For further information concerning this matter, please call:	ZO JUL 15	E [A 2]
Jade Duncanson 727 821-8101	91 :01KV	40F
(Name of Contact Person) (Area Code & Daytime Telephone Number)	<u> </u>	ATA
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsim \$\subset\$ \$\subset	<b>න</b> රජ	JUNE TO THE TOTAL

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)

	limited liability company as it gacy Enterprises, LLC	appears on the records of the Florida De	partment
2. The Florida docu L19000215364	ment/registration number assi	gned to this limited liability company is:	
Alan Mahabadan	(O I C I.I. C)	ned or will withdraw/resign is:	SECRETARS SECRETARS
	Print Title)  Dility company and affirm the l	limited liability company has been notific	Y OF ST
	ssociating Member or Resigning		·P
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		