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COVER LETTER

Division of Corporations		
SUBJECT: Legion Works 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:		
Parkette S. Krux (Contact Person)		
Legion Works LLC (Firm/Company)		
/1087 SE County Rd. 21914 (Address)		
Mauthorne, FL 37640 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (3.52) 481-0402 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: [\$25 Filing Fee		

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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 1	imited liability company as it appears on the records of the Florida Department
of State is:	egion works LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L19000	267527
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: $10/34/301$ 9
4.1, Kennet	hereby withdraw/resign as a me of Person Resigning)
<u>//)</u>	C-12 Print Title)
resignation in writ	•
Fineth	4. K.
	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)