

L190000290432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

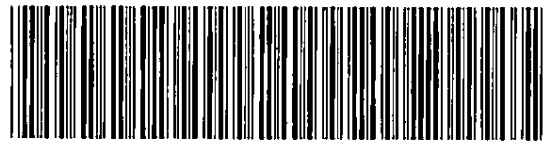
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 DEC -4 PM 5:23
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CLERK
FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legend Lawn Care LLC
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michelle Saieva
Contact Person

Legend lawn Care LLC
Firm/Company

100 Fentress DR.
Address

KNOTTS Island, NC 27950
City, State and Zip Code

msaieva@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Saieva at (941) 539-3220
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

FILED

2023 DEC -4 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FL

Legend Lawn Care LLC

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

NOV, 19, 2023

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

NOV 19, 2023

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to
s. 620.1803(3) or (4), F.S.:

Michelle Sareva Michelle Sareva

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$ 8.75

11/28/23

The principle address for business
address should be 17169 Urban Ave
Port Charlotte, FL
33954

I will update this once my LLC is
un-revoked.

I'm not sure what I did wrong to change
that - it is currently listed as the
same as my mailing address

Michelle Samra

State of Florida

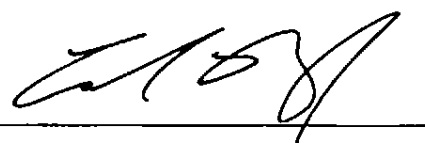
Department of State

I certify the attached is a true and correct copy of the Articles of Dissolution, filed on November 19, 2023, effective November 19, 2023, dissolving LEGEND LAWN CARE LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L19000290432.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twenty Second day of November, 2023*




Secretary of State

State of Florida

Department of State

I certify from the records of this office that LEGEND LAWN CARE LLC was a limited liability company organized under the laws of the State of Florida, filed on November 22, 2019, effective November 23, 2019.

The document number of this limited liability company is L19000290432.

I further certify that said limited liability company was voluntarily dissolved on November 19, 2023, effective November 19, 2023.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twenty Second day of November, 2023*



A handwritten signature in black ink, appearing to be 'J. B. J.', is written over a horizontal line.

Secretary of State

Authentication ID: 900419210749-112223-L19000290432

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>