

h21 0000 19809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

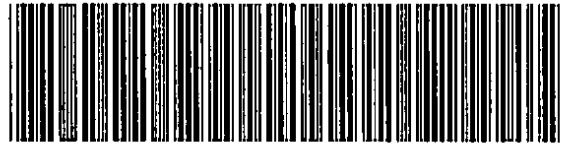
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 20 PM 1:25

2021 DEC 20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legendary Distribution Logistics
(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:

Johnny Torrence
(Contact Person)

Legendary Distribution Logistics
(Firm/Company)

7509 Hunters Green Circle
(Address)

Lakeland, FL 33810
(City/State and Zip Code)

For further information concerning this matter, please call:

Johnny Torrence " 863 430-3638
(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 610
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: Legendary Distribution Logistics

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

L21000019809

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-14-21

4. I, Ronald Davis, hereby withdraw/resign as a
(Print Name of Person Resigning)

Ronald Davis
(Print Title)

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

Ronald Davis
Signature of Dissociating Member or Resigning Manager

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

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DIVISION OF CORPORATIONS