

121000080239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

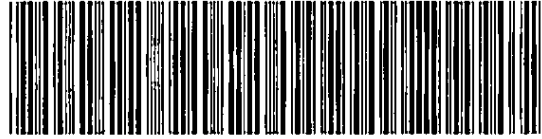
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF MISSISSIPPI  
FILING OFFICE

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C. BRUMBLEY  
NOV 23 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legend Medical LLC

\_\_\_\_\_  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Lawrence Legend

\_\_\_\_\_  
(Name of Person)

Legend Medical LLC

\_\_\_\_\_  
(Firm/Company)

710 S. Fort Harrison Ave

\_\_\_\_\_  
(Address)

Clearwater FL 33756

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Legend

\_\_\_\_\_  
(Name of Person)

813

2982527

at (

\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Legend Medical LLC

2. The Articles of Organization were filed on 02/17/2021 and assigned

document number L21000080239

3. The delayed effective date the dissolution if not effective on the date of filing: 11/01/2021  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

This is a business I no longer want to pursue.

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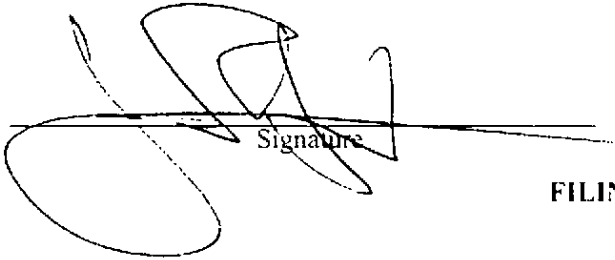
This is a business I no longer want to pursue.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Lawrence Legend

1208 E. Kennedy Blvd #1223

Tampa FL 33602

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Lawrence Legend

Printed Name

**FILING FEE: \$25.00**

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STATE OF FLORIDA  
DEPARTMENT OF STATE

FILED