

L21000080830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

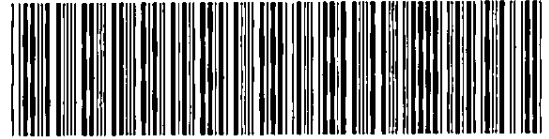
(Document Number)

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J.Dennis
01.03.25

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2025 JAN -2 PM12:01

SECRETARY OF STATE
SILVER SPRING, MD

2025 JAN -2 PM 2:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGACY PROSPERITY, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

ARNOLD M. STRAUS, JR.

(Name of Person)

STRAUS & ASSOCIATES P.A.

(Firm/Company)

10081 PINES BLVD., STE. C

(Address)

PEMBROKE PINES, FLORIDA 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

ARNOLD M. STRAUS, JR.

(Name of Person)

954

431-2000

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:

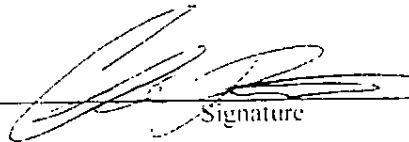
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
LEGACY PROSPERITY, LLC
2. The Articles of Organization were filed on 02/25/2021 and assigned
document number L21000080830
3. The delayed effective date the dissolution is not effective on the date of filing: 12/31/2024
(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).
close business
close business
close business
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
CHRISTOPHER PARFITT
460 NW 10TH STREET
BOCA RATON, FLORIDA 33432
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

CHRISTOPHER PARFITT
Printed Name

FILING FEE: \$25.00

FILED
2025 JAN -2 PM 12: 01
SECRETARY OF STATE
FLORIDA