人21000083729

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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COVER LETTER , .

Division of Corporations
SUBJECT: M legacy Services 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:
Sidnie Moore (Contact Person)
M legacy Services LLC (Firm/Company)
8005 N. Klondyke Street
Tampa, F1. 33004 (City/State and Zip Code)
For further information concerning this matter, please call:
Sidnie Moure at (813) 378-9347 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \text{\$\sum\$}\$\$ \$\\$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ Filing Fee & Certified Copy

Mailing Address:

TO: Registration Section

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



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:	1 regacy services LC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u>L2100</u>	0083729
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 8 4 2021
	R. Potterson, hereby withdraw/resign as a ame of Person Resigning)
	d Representative.
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
8 dme	Patterson
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)