POH000158932

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COVER-LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: DISSOLUTION			
DOCUMENT NUMBER: P04000158932	2		
The enclosed Articles of Dissolution and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Talah M. Hilland			
Faith Y. Hilton (Name of Contact	t Parson)		
	t i cison)		
Legends Sports Grill, Inc. (Firm/Company)			
,	parry)		
21485 NW 27th Ave.			
(Address)			
Miami Gardens, FL 33056			
(City/State and	Zip Code)		
For further information concerning this matter, ple	ease call:		
Frank Owen a	t (305) 623-3056		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Certificate of Status Cert (Add	.75 Filing Fee & S52.50 Filing Fee, ified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:					
	Legends Sports Grill, Inc.					
SECOND:		_				
THIRD:	The date dissolution was authorized: 04/10/2012	77				
	Effective date of dissolution if applicable: 04/30/2012 (no more than 90 days after dissolution file data):					
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	io				
	Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:					
	The number of votes cast for dissolution was sufficient for approval by					
	(voting group)					
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by					
	that fiduciary)					
	Gerald D Ross (Typed or printed name of person signing)					
	President					
	(Title of person signing)					

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

V

against this corporation as pr	ovided in s. 607.1407, F.S.		
This "Notice of Corporate D	issolution" is optional and is no	ot required when filing a voluntary disse	olution.
Name of Corporation: Leg	ends Sports Grill, Inc	·	
Date of dissolution will be the specified in the <i>Articles of D</i>		vith the Department of State or as	
Description of information th	nat must be included in a claim:	:	
Name, address, ph	one number, descript	tion and basis of claim, and	t
amount of claim.			
		100	
Mailing address where claim	s can be sent: (Claims cannot b	be sent to the Division of Corporations)	
21485 N	NW 27th Avenue, Mia	ami Gardens, FL 33056	
A claim against the above na within 4 years after the filing		unless a proceeding to enforce the clair	n is commenced
Gerald D Ross		Beruldo (m_
Printed Name	e of the Person Filing	Signature of the Person Fil	ing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00