P06000150185

(Requestor's Name)	_
(Address)	_
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(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Boddment Namber)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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COVER LETTER

Division of Corporations	
SUBJECT: Legacy Vacation, Inc.	,
DOCUMENT NUMBER: P06000150785	
The enclosed Articles of Dissolution and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Paul Courtright, Esquire	
(Name of Contact Person	n)
The Law Office of Paul Courtright, P.A.	
(Firm/Company)	
860 N. Orange Avenue, Suite #135	
(Address)	
Orlando, FL 32801	
(City/State and Zip Coo	de)
For further information concerning this matter, please call	1:
Paul Courtright, Esquire at (40 (Ar	7) 650-9111 rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	• •
_	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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	:
	Legacy Vacation, Inc.	
SECOND:	The document number of the corporation (if known): P06000150785	
THIRD:	The file date of the articles of incorporation: 12/7/2006	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	PM 2: 48
	The corporation has not commenced business.	圣
FIFTH:	No debt of the corporation remains unpaid.	16
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	✓ A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signa	ature: Cowtright (By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	- if
	Dawn M. Courtright	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Legacy Vacation, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Claimant's Name, Registered Agent, Address, City, state, ZIP code, name, address, and telephone numbers of Claimant's counsel,
a copy of the fully written claim with all exhibits and pled with specificity against Legacy Vacation, Inc. or its
incorporators. Personal service shall be made upon the listed registered agent for Legacy Vacation, Inc.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Paul Courtright, Esquire
The Law Office of Paul Courtright, P.A.
860 N. Orange Avenue, Suite #135
Orlando, FL 32801
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Dawn M. Courtright Dawn M. Courtright
Printed Name of the Person Filing Signature of the Person Filing

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