

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019668

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: ELM LEGACY GROUP, LLC

**Current Principal Place of Business:**

2316 BARRY DRIVE SOUTH  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

2316 BARRY DRIVE SOUTH  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 20-8575864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KLECKLEY BROWN, GWENDOLYN  
2316 BARRY DRIVE SOUTH  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KLECKLEY BROWN, GWENDOLYN  
Address: 2316 BARRY DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM  
Name: MITCHELL HARPER, LINDA  
Address: 1615 BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGRM  
Name: KOHN, IRENE  
Address: 2022 CONGRESS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM  
Name: PAGE, SHELIA  
Address: 17221 N W 47 COURT  
City-St-Zip: MIAMI, FL 33056

Title: MGRM  
Name: ROBERTS, SHIRLEY  
Address: 7920 ORLANDO AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM  
Name: WHEELER, JACK  
Address: 8310 N.W. 10TH AVENUE  
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GWENDOLYN KLECKLEY BROWN

MGRM

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date