2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019668

Entity Name: ELM LEGACY GROUP, LLC

Current Principal Place of Business:

2316 BARRY DRIVE SOUTH JACKSONVILLE. FL 32208

Current Mailing Address:

2316 BARRY DRIVE SOUTH JACKSONVILLE, FL 32208

FEI Number: 20-8575864 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KLECKLEY, WENDY 2316 BARRY DRIVE SOUTH JACKSONVILLE, FL 32208 US

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: WENDY KLECKLEY 05/31/2020

Electronic Signature of Registered Agent

Date

FILED May 31, 2020

Secretary of State

2800151460CC

Authorized Person(s) Detail :

Title MGRM Title MGRM

Name KLECKLEY, WENDY J Name KOHN, IRENE

Address 2316 BARRY DRIVE SOUTH Address 2022 CONGRESS DRIVE
City-State-Zip: JACKSONVILLE FL 32208 City-State-Zip: JACKSONVILLE FL 32208

Title MGRM Title MGRM

NamePAGE, SHELIANameROBERTS, SHIRLEYAddress17221 NW 47 COURTAddress7920 ORLANDO AVENUECity-State-Zip:MIAMI GARDENS FL 33055City-State-Zip:JACKSONVILLE FL 32208

Title MGRM Title MGRM

NameWHEELER, EMMA MILESNameRANDLE, BRENDAAddress8310 NW 10TH AVENUEAddress2202 HANNA COURTCity-State-Zip:MIAMI FL 33150City-State-Zip:MIDOTHIAN TX 76065

Title MGRM Title MANAGER

Name DIXON, ROSE E Name ROBERT L. LANIER

Address 29779 ABERDEEN LN Address 1603 BOROS DRIVE

City-State-Zip: SOUTHFIELD MI 48076 City-State-Zip: FAYETTEVILLE NC 28303

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDY J KLECKLEY

MANAGER

05/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title MANAGER Title MANAGER

NameERVIN GOODMANNameVERNETTE S OWENSAddress11392 BRALIEAddress4280 NW 178 DRIVE

City-State-Zip: DETROIT MI 48204 City-State-Zip: MIAMI GARDENS FL 33055-3709

Title MANAGER Title MGRM

NameSARAH BROWNNameKLECKLEY, WENDY JOYAddress4010 NW 200TH STREETAddress2316 BARRY DRIVE SOUTHCity-State-Zip:MIAMI GARDENS FL 33055-1343City-State-Zip:JACKSONVILLE FL 32208