

2017 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: No

Name and Address of Current Registered Agent:

KLECKLEY BROWN, GWENDOLYN
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MGRM
Name MITCHELL HARPER, LINDA
Address 2316 BARRY DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32208

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

Title MGRM
Name PAGE, SHELIA
Address 17221 NW 47 COURT
City-State-Zip: MIAMI GARDENS FL 33055

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

Title MGRM
Name WHEELER, EMMA MILES
Address 8310 NW 10TH AVENUE
City-State-Zip: MIAMI FL 33150

Title MGRM
Name RANDLE, BRENDA
Address 1678 BIG SIR DRIVE
City-State-Zip: LEMOORE CA 93245

Title MGRM
Name DIXON, ROSE E
Address 29779 ABERDEEN LN
City-State-Zip: SOUTHFIELD MI 48076

Continues on page 2

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: GWENDOLYN KLECKLEY BROWN

MGRM

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name ROBERT L. LANIER
Address 1603 BOROS DRIVE
City-State-Zip: FAYETTEVILLE NC 28303

Title MANAGER
Name VERNETTE S OWENS
Address 4280 NW 178 DRIVE
City-State-Zip: MIAMI GARDENS FL 33055-3709

Title MANAGER
Name ERVIN GOODMAN
Address 11392 BRALIE
City-State-Zip: DETROIT MI 48204

Title MANAGER
Name SARAH BROWN
Address 4010 NW 200TH STREET
City-State-Zip: MIAMI GARDENS FL 33055-1343