### 2016 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

## Name and Address of Current Registered Agent:

KLECKLEY BROWN, GWENDOLYN 2316 BARRY DRIVE SOUTH JACKSONVILLE, FL 32208 US Certificate of Status Desired: Yes

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

#### Authorized Person(s) Detail :

| Title   | MGRM   | Title   | MGRM   |
|---|--|---|--|
| Name  | KLECKLEY BROWN, GWENDOLYN  | Name  | MITCHELL HARPER, LINDA   |
| Address   | 2316 BARRY DRIVE SOUTH   | Address   | 2316 BARRY DRIVE SOUTH   |
| City-State-Zip:                                     | JACKSONVILLE FL 32208  | City-State-Zip:                                     | JACKSONVILLE FL 32208  |
| Title   | MGRM   | Title   | MGRM   |
|   |  |   | -  |
| Name  | KOHN, IRENE  | Name  | PAGE, SHELIA   |
| Address   | 2022 CONGRESS DRIVE  | Address   | 17221 NW 47 COURT  |
| City-State-Zip:                                     | JACKSONVILLE FL 32208  | City-State-Zip:                                     | MIAMI FL 33056   |
|   |  |   |  |
| Title   | MGRM   | Title   | MGRM   |
| Title   |  |   | -  |
| Title<br>Name                                       | MGRM<br>ROBERTS, SHIRLEY   | Name  | WHEELER, JACK  |
|   |  |   | -  |
| Name  | ROBERTS, SHIRLEY   | Name  | WHEELER, JACK  |
| Name<br>Address<br>City-State-Zip:                  | ROBERTS, SHIRLEY<br>7920 ORLANDO AVENUE<br>JACKSONVILLE FL 32208   | Name<br>Address                                     | WHEELER, JACK<br>8310 NW 10TH AVENUE   |
| Name<br>Address<br>City-State-Zip:<br>Title         | ROBERTS, SHIRLEY<br>7920 ORLANDO AVENUE<br>JACKSONVILLE FL 32208<br>MGRM   | Name<br>Address<br>City-State-Zip:<br>Title         | WHEELER, JACK<br>8310 NW 10TH AVENUE<br>MIAMI FL 33150<br>MGRM                                       |
| Name<br>Address<br>City-State-Zip:                  | ROBERTS, SHIRLEY<br>7920 ORLANDO AVENUE<br>JACKSONVILLE FL 32208   | Name<br>Address<br>City-State-Zip:                  | WHEELER, JACK<br>8310 NW 10TH AVENUE<br>MIAMI FL 33150<br>MGRM<br>DIXON, ROSE E                      |
| Name<br>Address<br>City-State-Zip:<br>Title         | ROBERTS, SHIRLEY<br>7920 ORLANDO AVENUE<br>JACKSONVILLE FL 32208<br>MGRM   | Name<br>Address<br>City-State-Zip:<br>Title         | WHEELER, JACK<br>8310 NW 10TH AVENUE<br>MIAMI FL 33150<br>MGRM                                       |
| Name<br>Address<br>City-State-Zip:<br>Title<br>Name | ROBERTS, SHIRLEY<br>7920 ORLANDO AVENUE<br>JACKSONVILLE FL 32208<br>MGRM<br>RANDLE, BRENDA<br>1678 BIG SIR DRIVE | Name<br>Address<br>City-State-Zip:<br>Title<br>Name | WHEELER, JACK<br>8310 NW 10TH AVENUE<br>MIAMI FL 33150<br>MGRM<br>DIXON, ROSE E<br>29779 ABERDEEN LN |

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

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 28, 2016 Secretary of State CC5983731729

Date