

**2018 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 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**

**04/29/2018**

\_\_\_\_\_  
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