

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000072859

**Entity Name:** LEGACY OPTIONS, LLC

**Current Principal Place of Business:**

4376 CORPORATE SQUARE  
SUITE 1  
NAPLES, FL 34104

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC7737188150**

**Current Mailing Address:**

P. O. BOX 771570  
NAPLES, FL 34107-1570 US

**FEI Number: 45-3739620**

**Certificate of Status Desired: No**

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

GOSSELIN, RICHARD R  
4376 CORPORATE SQUARE  
SUITE 1  
NAPLES, FL 34104 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 GOSSELIN, RICHARD R  
Address 27548 RIVERBANK DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name WHYTE, MICHAEL C  
Address 107 CEDAR CREST CT  
City-State-Zip: NAPLES FL 34113

Title MGRM  
Name WITZENBURG, GLENN  
Address 202 PEPPERMINT LANE #3  
City-State-Zip: NAPLES FL 34112

Title MGRM  
Name JOSEPH THOMAS VENTURE LLC  
Address P.O. BOX 771600  
City-State-Zip: NAPLES FL 341071600

*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: RICHARD R GOSSELIN**

**MANAGER**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date