

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000047174

**Entity Name:** LEGACY KUTZ, LLC

**Current Principal Place of Business:**

791 S 6TH STREET  
MACCLENNY, FL 32063

**Current Mailing Address:**

11 W MACCLENNY AVE  
MACCLENNY, FL 32063

**FEI Number:** 27-1598998

**Certificate of Status Desired:** No

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

JAMES, ANTHONY L  
11998 SANDS POINTE CT  
MACCLENNY, FL 32063 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 MGR  
Name JAMES, ANTHONY L  
Address 11998 SANDS POINTE CT  
City-State-Zip: MACCLENNY FL 32063

Title AMBR  
Name JAMES, LINDA L  
Address 11998 SANDS POINTE CT  
City-State-Zip: MACCLENNY FL 32063

Title AP  
Name PAIGE, QUENTIN L  
Address 120 M L KING DR.  
City-State-Zip: MACCLENNY FL 32063

*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:** LINDA L JAMES

AMBR

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date