

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000242104

**Entity Name:** WILLMART LEGACY FUND, LLC

**Current Principal Place of Business:**

1421 RESOLUTE STREET  
CELEBRATION, FL 34747-5312

**Current Mailing Address:**

PO BOX 470457  
CELEBRATION, FL 34747-0457 US

**FEI Number: 82-3498379**

**Certificate of Status Desired: No**

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

SILVERMAN, PAUL H  
1421 RESOLUTE STREET  
CELEBRATION, FL 34747-5312 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 AMBR  
Name WILLMART LEGACY TRUST  
Address 1421 RESOLUTE STREET  
City-State-Zip: CELEBRATION FL 34747-5312

Title MGR  
Name SILVERMAN, ADAM B  
Address 407 CLAIREMONT RD  
City-State-Zip: VILLANOVA PA 19085

Title MGR  
Name SILVERMAN, MARTIN B  
Address 1329 MEDFORD RD  
City-State-Zip: WYNNEWOOD PA 19096

Title MGR  
Name SILVERMAN, PAUL H  
Address 1421 RESOLUTE STREET  
City-State-Zip: CELEBRATION FL 34747-5312

*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: PAUL H. SILVERMAN**

**REGISTERED AGENT**

**06/27/2018**

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

\_\_\_\_\_  
Date