

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000081439

**Entity Name:** THE GREEN FAMILY LEGACY, LLC

**Current Principal Place of Business:**

17504 DEER ISLE CIRCLE  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

17504 DEER ISLE CIRCLE  
WINTER GARDEN, FL 34787 US

**FEI Number:** 82-5048425

**Certificate of Status Desired:** No

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

ABRAMS, DAVID H ESQ.  
200 NORTH THORNTON AVENUE  
ORLANDO, FL 32801 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:** /S DAVID H. ABRAMS, ESQ.

02/04/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GREEN, HENRY E JR  
Address 4470 SW 153RD AVE  
City-State-Zip: MIRMAR FL 33027

Title AMBR  
Name GREEN, JOHN F  
Address 130 COTILLION CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title AMBR  
Name GREEN, SAMUEL L SR  
Address 17504 DEER ISLE CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

Title AMBR  
Name GREEN, DAVID W SR.  
Address 4169 NW 37TH TERRACE  
City-State-Zip: GAINESVILLE FL 32606

Title AMBR  
Name GREEN, MARCUS R SR  
Address 1615 TRELIS CROSSING  
City-State-Zip: ALPHARETTA GA 30004

Title AMBR  
Name GREEN, HENRY E III  
Address 947 JADE CT  
City-State-Zip: WESTON FL 33326

*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:** /S SAMUEL L. GREEN, SR.

**AUTHORIZED MEMBER**

02/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date