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.

OWNER

SIGNATURE: JEFFREY NIEVES

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

16850 ORIOLE RD SUITE 1 FORT MYERS, FL 33912

Current Mailing Address:

DOCUMENT# L20000274258

12600 TRADE CENTER DRIVE SUITE 1 BONITA SPRINGS, FL 34135

FEI Number: 85-2847066

Name and Address of Current Registered Agent:

Entity Name: LEGACY OPTIONS FORT MYERS LLC

NIEVES, JEFFREY M 10862 ALVARA WAY BONITA SPRINGS, FL 34135 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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	WHYTE, MICHAEL C	Name	NIEVES, JEFFREY M
Address	14900 WISE WAY	Address	10862 ALVARA WAY
City-State-Zip:	FORT MYERS FL 33905	City-State-Zip:	BONITA SPRINGS FL 34135
Title	AMBR		
Name	HOYT, MICHAEL R		
Address	4423 RAFFIA PALM CIRCLE		
City-State-Zip:	NAPLES FL 34119		

Certificate of Status Desired: No

01/19/2023

Date

FILED Jan 19, 2023 Secretary of State 2191229725CC

Date