

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000274258

**Entity Name:** LEGACY OPTIONS FORT MYERS LLC

**Current Principal Place of Business:**

16850 ORIOLE RD  
SUITE 1  
FORT MYERS, FL 33912

**Current Mailing Address:**

16850 ORIOLE ROAD  
SUITE 1  
FORT MYERS, FL 33912 US

**FEI Number:** 85-2847066

**Certificate of Status Desired:** No

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

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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NIEVES, JEFFREY M  
Address 10862 ALVARA WAY  
City-State-Zip: BONITA SPRINGS FL 34135

Title AMBR  
Name HOYT, MICHAEL R  
Address 4423 RAFFIA PALM CIRCLE  
City-State-Zip: NAPLES FL 34119

*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:** JEFFREY NIEVES

**OWNER**

**01/31/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date