

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000346254

**Entity Name:** MDF LEGACY LLC

**Current Principal Place of Business:**

420 CRYSTAL BEACH AVE.  
P.O. BOX #250  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

420 CRYSTAL BEACH AVE.  
P.O. BOX #250  
CRYSTAL BEACH, FL 34681 US

**FEI Number:** 85-3937459

**Certificate of Status Desired:** No

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

WILLIAMS & DODDRIDGE PA  
6337 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652 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:** RYAN DODDRIDGE, PRESIDENT

04/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                       |                 |                                       |
|-----------------|---------------------------------------|-----------------|---------------------------------------|
| Title           | MGR                                   | Title           | MGR                                   |
| Name            | FEDYNA, NICHOLAS                      | Name            | FEDYNA, RYAN                          |
| Address         | 420 CRYSTAL BEACH AVE., P.O. BOX #250 | Address         | 420 CRYSTAL BEACH AVE., P.O. BOX #250 |
| City-State-Zip: | CRYSTAL BEACH FL 34681                | City-State-Zip: | CRYSTAL BEACH FL 34681                |

*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:** NICHOLAS FEDYNA

MGR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date