FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91028 043 ***150.00

DOCUMENT # G65209

1. Entity Name
Living Legends Retirement Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Deerfield Beach	3. Mailing Address: 4001 W. Hillsboro Blvd.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State: Deerfield Beach, Fl	4. FEI Number: 59-2389664 ☐ Applied For ☐ Not Applicable
Zip / Country	Zip: 33442 / Country: U.S.A.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature], administrator 4/22/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President, Secretary, Treasurer
NAME	Garrett Bragg
STREET ADDRESS	740 S. Federal Hway
CITY-ST-ZIP	Pompano Beach, Fl 33062
TITLE	Vice President
NAME	John Shannon
STREET ADDRESS	6674 E. Largo Salici
CITY-ST-ZIP	Tuscon, AZ 85750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (×6)

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], administrator BARRY HARNICK 4/22/04 (954) 426-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #