

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000004062

1. Entity Name
LEGACY LLC



Principal Place of Business
87 VIA MIZNER
PALM BEACH, FL 33480

Mailing Address
87 VIA MIZNER
PALM BEACH, FL 33480



04162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1008039

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

DESIDERIO, ARLENE
87 VIA MIZNER
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME DESIDERIO, ARLENE
STREET ADDRESS 87 VIA MIZNER
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VP
NAME DURAN, JOSE-LUIS
STREET ADDRESS 87 VIA MIZNER
CITY-ST-ZIP PALM BEACH, FL 33480

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CITY-ST-ZIP

1000000533016
05/06/06-80106-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Arleene Desiderio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/06 561 487 1900