## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000004062

1. Entity Name

## LEGACY LLC



## FILED Mar 27, 2003 8:00 am Secretary of State 03-27-2003 90011 032 \*\*\*\*50.00

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Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   CHy & State   City & C	87 VIA MIZNER		87 VIA MIZNER	87 VIA MIZNER						
Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   CHy & State   City & C	2. Principal P	Place of Business	3. Mailing Address							
City & State    Country   Zip   Country   Zip   Country   S. Certificate of State Desired   S. 200 Additional Per Regulation   S. Certificate of State Desired   S. 200 Additional Per Regulation   S. Certificate of State Desired   S. 200 Additional Per Regulation   S. Certificate of State Desired   S. 200 Additional Per Regulation   See Applicable   See Address of New Regulatives Agent   See Address of New Re			Ů				1 AEI BANI ABNN BBNN 68111 68211	46711 B4111 61114 6	DOLF SOFT IN BI	
The Address of Country   Zip   Country   S. Contiscant of Status Desired   S. D. Additional Fee Requirated   Pee Requirated	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.						
S. Certificate of Status Desired   Fee Required   F	City & State		City & State	City & State			er 65-1008039	<del></del>		
DESIDERIO, ARLENE 87 VIA MIZNER PALM BEACH FL 33480  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 farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State Department of S	Zip Country		Zip	Zip Country		5. Certificate	of Status Desired [			
DESIDERIO, ARLENE 87 VIA MIZNER PALM BEACH FL 33480  8. The above named entity automits 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**  **THE NORTH TO BE STORY OF THE PARTY O		6Name and Address of Curren	t Registered Agent	<u> </u>	·	7. Name and	Address of New Regis	tered Agent		
Strock Address (P.O. Box Number is Not Acceptable)    Strock Address (P.O. Box Number is Not Acceptable)					Name —					
Si. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent.    Signature   Power   Powe				Street Address			P.O. Box Number is Not Acceptable)			
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Paper   Paper	PALI	M BEACH FL 33480				•		,		
SIGNATURE     Signature   Si			-		City	•		FL Zip Coo	de	
Signature. Typed or printed name of registered appert and rife it applicable. (RIFLE NOW!!! FEE Is SSO.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE DESIDERIO, ARLENE BY VA MIZNER STREET ADDRESS OITY-ST-ZIP  TITLE VP DESIDERIO, ARLENE BY VA MIZNER STREET ADDRESS OITY-ST-ZIP  TITLE VP DURAN, JOSE-LUIS STREET ADDRESS OITY-ST-ZIP  TITLE DURAN, JOSE-LUIS STREET ADDRESS OITY-ST-ZIP  TITLE DAM BEACH FL 33480  TITLE DAM BEACH FL 33	the obligat	tions of registered agent.					th, in the State of Florida.		and accept	
Make Check Payable to Florida Department of State Due by May 1, 2003		Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered A	Agent signature required	when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S			Make Check Payab	le to Flor	ida Departmei	nt of State				
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		Lertify that the information supplied wi	th this filing does not qualify fo			ection 119.07(3)	(i), Florida Statutes. I furti	her certify that the i	nformation	

AUTHORIZED REPRESENTATIVE

Daytime Phone #