

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000007233

Entity Name: LEGACY FOODS, LLC

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

39 KINGS BRIDGE CROSSING  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

39 KINGS BRIDGE CROSSING  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

39 KINGS BRIDGE CROSSING  
ORMOND BEACH, FL 32174

**New Mailing Address:**

39 KINGS BRIDGE CROSSING  
ORMOND BEACH, FL 32174 US

FEI Number: 59-3654899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAPPA, VICTOR H  
39 KINGS BRIDGE CROSSING  
ORMOND BEACH, FL 32174 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PAPPA, VICTOR H  
Address: 39 KINGS BRIDGE CROSSING  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR  
Name: PAPPA, SARAH  
Address: 39 KINGSBRIDGE CROSSING DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VICTOR H PAPPA

MGR

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date