

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012921

1. Entity Name

LEGENDS DESIGN GROUP, LLC

FILED

01 MAY -3 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

221 SWALLOW ROAD
ST. AUGUSTINE FL 32086

Mailing Address

221 SWALLOW ROAD
ST. AUGUSTINE FL 32086

2. Principal Place of Business

15444 MARGAUX DR

3. Mailing Address

15444 MARGAUX DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

CLERMONT FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

34711-5043

USA

Zip

Country

34711-5043

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLAIN, ROGER W
221 SWALLOW ROAD
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

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

15444 MARGAUX DR

City

CLERMONT

FL

Zip Code

34711

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.

SIGNATURE

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

ROGER W MCCLAIN, MGR

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS MCCLAIN, ROGER W
CITY-ST-ZIP 221 SWALLOW ROAD
ST. AUGUSTINE FL 32086 ☐ Delete

TITLE NAME ~~MCCLAIN, ROGER W~~ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 15444 MARGAUX DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE NAME MGR ☐ Change ☒ Addition
STREET ADDRESS LAURENCE, ROBERT JL
CITY-ST-ZIP 509 TURNBERRY LN
ST AUGUSTINE FL 32080

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000004336390-2
CITY-ST-ZIP -05/31/01--01074--016

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****100.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

CR2E083 (11/00)

11. 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 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:

Signature

SIGNATURE REQUIRED

ROGER W MCCLAIN

4-27-01

352-241-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #