

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90726 048 ****50.00

DOCUMENT # L01000004250

1. Entity Name

LEGENDARY FOOD & BEVERAGE, LLC

Principal Place of Business

**27964 U.S. 19 NORTH
CLEARWATER FL 33761**

Mailing Address

**27964 U.S. 19 NORTH
CLEARWATER FL 33761**

2. Principal Place of Business

27964 U.S. 19 NORTH

Suite, Apt. #, etc.

3. Mailing Address

27964 U.S. 19 NORTH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

clearwater FL

City & State

clearwater FL

4. FEI Number

59-3702509

Applied For

Not Applicable

Zip

33761

Country

USA

Zip

33761

Country

USA5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANTON, TOM
27964 U.S. 19 NORTH
CLEARWATER FL 33761**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-02**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER MGR** ☐ Delete
NAME **Tom Stanton**
STREET ADDRESS **2281 Primrose Lane 2208**
CITY-ST-ZIP **clearwater FL 33763**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MANAGER MGR** ☐ Delete
NAME **Kevin Blankenship**
STREET ADDRESS **2281 Primrose Lane 2208**
CITY-ST-ZIP **clearwater FL 33763**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MANAGER MGR** ☐ Delete
NAME **Steve Morde**
STREET ADDRESS **27964 U.S. 19 North**
CITY-ST-ZIP **clearwater FL 33761**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

5-1-02**727-726-4030**

CR2E083 (9/01)