

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011605

Entity Name: LEGACY SCRIBE, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

3677 QUAIL RIDGE DRIVE NORTH  
BOYNTON BEACH, FL 334365331

**New Principal Place of Business:**

3677 QUAIL RIDGE DR. N.  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3677 QUAIL RIDGE DRIVE NORTH  
BOYNTON BEACH, FL 334365331

**New Mailing Address:**

3677 QUAIL RIDGE DR. N.  
BOYNTON BEACH, FL 33436

FEI Number: 75-3108313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, RICHARD F  
3677 QUAIL RIDGE DRIVE NORTH  
BOYNTON BEACH, FL 334365331 US

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

ROBINSON, RICHARD F  
3677 QUAIL RIDGE DR. N.  
BOYNTON BEACH, FL 33436 US

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: RICHARD F ROBINSON

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBINSON, RICHARD F OWNER  
Address: 3677 QUAIL RIDGE DRIVE NORTH  
City-St-Zip: BOYNTON BEACH, FL 334365331

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROBINSON, RICHARD F OWNER  
Address: 3677 QUAIL RIDGE DR. N.  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD F ROBINSON

MGR

04/28/2009

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