

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-02-2004 90144 031 ****50.00

DOCUMENT # L03000025820 1. Entity Name LEGACY REALTY AND PROPERTIES, LLC																													
Principal Place of Business 14029 W. NEWBERRY ROAD, SUITE 3D NEWBERRY FL 32669			Mailing Address 14029 W. NEWBERRY ROAD, SUITE 3 NEWBERRY FL 32669																										
2. Principal Place of Business Suite, Apt. #, etc. 14029 W. Newberry Rd Suite 30		3. Mailing Address Suite, Apt. #, etc. 14029 W Newberry Rd, Suite 30																											
City & State 		City & State 		4. FEI Number 20-0480205																									
Zip 		Country 		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent FLETCHER, GEORGE E 1223 N.W. 114TH DRIVE GAINESVILLE FL 32606				7. Name and Address of New Registered Agent Name: Fletcher, George E Street Address (P.O. Box Number is Not Acceptable): 14029 W Newberry Rd Suite 30 City: Newberry FL FL Zip Code: 32669																									
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 familiar with, and accept the obligations of registered agent. SIGNATURE: <u>GEORGE E FLETCHER</u> DATE: 2-27-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Delete ☐</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	Delete ☐	CITY-ST-ZIP				10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Change ☐ Addition ☒</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Assistant Manager</td> <td>Gloria W. Fletcher</td> <td></td> </tr> <tr> <td></td> <td></td> <td>14029 W Newberry Rd Suite 30</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Newberry FL 32669</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	Change ☐ Addition ☒	CITY-ST-ZIP	Assistant Manager	Gloria W. Fletcher				14029 W Newberry Rd Suite 30				Newberry FL 32669	
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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: **GEORGE E. FLETCHER** **2-27-04** **352-332-8383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #