

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000025820

1. Entity Name

LEGACY REALTY AND PROPERTIES, LLC

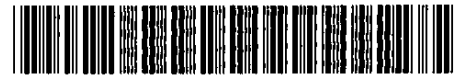


Principal Place of Business

106 SW 140TH TERR
SUITE 3
NEWBERRY FL 32669

Mailing Address

106 SW 140TH TERR
SUITE 3
NEWBERRY FL 32669



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E083 (4/07)

Zip

Country

Zip

Country

4. FEI Number

20-0480205

Applied For

Not Applicable

5. 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

FLETCHER, GEORGE E
106 SW 140TH TERR
SUITE 3
NEWBERRY FL 32669

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

GEORGE E. FLETCHER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-30-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **FLETCHER, GLORIA W**
STREET ADDRESS **106 SW 140TH TERR SUITE 3**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ Change ☐ Addition
NAME **U000000771156**
STREET ADDRESS **08/01/07-80008-001 50.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

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

7-30-07

Date

352-332-8883

Daytime Phone #