

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90107 035 ****50.00

20013000



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number **90-0137557** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L04000002341

1. Entity Name
THE LEGACY GROUP LLC



Principal Place of Business
9020 58TH DR E
SUITE 102
BRADENTON, FL 34202

Mailing Address
6833 CORRAL CIRCLE
SARASOTA, FL 34243

2. Principal Place of Business

6455 Royal Tern Circle
Suite, Apt. #, etc.

3. Mailing Address

6455 Royal Tern Circle
Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34202

Country

US

Zip

34202

Country

US

6. Name and Address of Current Registered Agent

CLARK, MARK R
6833 CORRAL CIRCLE
SARASOTA, FL 34243

Name

Mark R Clark

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

6455 Royal Tern Circle

City

Bradenton

FL

Zip Code

34202

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

Mark R Clark

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

(NOTE: Registered Agent signature required when reinstating)

2-22-05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CLARK, MARK R
STREET ADDRESS 6833 CORRAL CIRCLE
CITY-ST-ZIP SARASOTA, FL 34243 ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME CLARK, Mark R.
STREET ADDRESS 6455 Royal Tern Circle
CITY-ST-ZIP Bradenton, FL 34202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Mark R Clark

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

2-22-05

Date

941-870-0065

Daytime Phone #