

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 29, 2005 8:00 am
Secretary of State

05-04-2005 90047 029 ****55.00

DOCUMENT # L04000004004 1. Entity Name URBAN LEGEND, LLC					
Principal Place of Business 3037 PEEL AVE ORLANDO, FL 32806			Mailing Address 3037 PEEL AVE ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. FEI Number	
6. Name and Address of Current Registered Agent SALERNO, MICHAEL J 3037 PEEL AVE ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)				DATE _____	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALERNO, MICHAEL J 3037 PEEL AVE ORLANDO, FL 32806	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 606, Florida Statutes.					
SIGNATURE:				5-1-05 467-353-1723	
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	