

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000010216

Entity Name: LEGACY ENTERPRISES, LLC

**FILED**  
**Apr 17, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1130 E. DONEGAN AVE, STE 4  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

3112 17TH STREET  
ST. CLOUD, FL 34769

**Current Mailing Address:**

1130 E. DONEGAN AVE, STE 4  
KISSIMMEE, FL 34744

**New Mailing Address:**

P O BOX 700692  
ST. CLOUD, FL 34770

FEI Number: 75-3145151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMPTON, BARRY  
1130 E. DONEGAN AVE, STE 4  
KISSIMMEE, FL 34744 US

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

TURNER, JOANNE D  
3112 17TH STREET  
ST. CLOUD, FL 34770 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: JOANNE D. TURNER

04/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TURNER, JOANNE D  
Address: PO BOX 700692  
City-St-Zip: ST CLOUD, FL 34770

Title: MGRM ( ) Delete  
Name: COMPTON, BARRY  
Address: 1130 E. DONEGAN AVE, STE 4  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANNE TURNER

MGMR

04/17/2006

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