

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000010216

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** LEGACY ENTERPRISES, LLC

**Current Principal Place of Business:**

3112 17TH STREET  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 700692  
ST. CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 75-3145151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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 D TURNER

MGRM

03/19/2010

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