

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANYFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 APR 21 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000026266

1. Limited Liability Company's Name

LEGACY VILLAGE OFFICE PARK, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2922 WILLOW BAY TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

2922 WILLOW BAY TERRACE

Suite, Apt. #, etc.

City &amp; State

CASSELBERRY, FLA

Zip

32707

Country

SEMINOLE

City &amp; State

CASSELBERRY, FLA

Zip

32707

Country

SEMINOLE

4. State/Country of Formation

FLORIDA / SEMINOLE

5. Date Organized or Qualified  
To Do Business in Florida

3/30/2004

6. FEI Number

201081561

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CARL TRAUGER

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

2922 WILLOW BAY TERRACE

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/13/2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CARL TRAUGER	2922 WILLOW BAY TERRACE	CASSELBERRY, FL 32707

900151449439  
04/21/09 01010 029 \*\*143.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date

4/13/09

Daytime Phone #

407 628-4645

Typed or printed name of signing Managing Member/Manager

CARL R. TRAUGER