



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 02, 2006 8:00 am
Secretary of State

01-20-2006 90047 046 ****50.00

DOCUMENT # L05000003478 1. Entity Name THE LEGACY SOLUTIONS GROUP, LLC					
Principal Place of Business 470 COLUMBIA DRIVE #E100 WEST PALM BEACH, FL 33409			Mailing Address 470 COLUMBIA DRIVE #E100 WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4306482	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, R. MARSHALL 470 COLUMBIA DRIVE #E100 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			R. Marshall Jones		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			1/9/05 564-712-9799		

30001579



01052006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

☐ Delete

☐ Change

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☐ Addition

SIGNATURE:

R. Marshall Jones

1/9/05

564-712-9799

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

Daytime Phone



ATTACHMENT

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2006

THE LEGACY SOLUTIONS GROUP, LLC
470 COLUMBIA DRIVE #E100
WEST PALM BEACH, FL 33409

Subject: LEGACY SOLUTIONS GROUP, LLC

Reference Number:

L05000003478

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

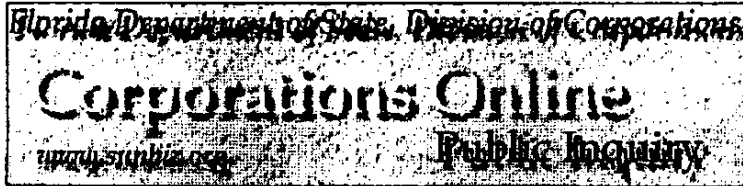
If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

ATTACHMENT

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Florida Limited Liability

THE LEGACY SOLUTIONS GROUP, LLC

PRINCIPAL ADDRESS

470 COLUMBIA DRIVE #E100
WEST PALM BEACH FL 33409

MAILING ADDRESS

470 COLUMBIA DRIVE #E100
WEST PALM BEACH FL 33409

Document Number
L05000003478

FEI Number
NONE

Date Filed
01/11/2005

State
FL

Status
ACTIVE

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
JONES, R. MARSHALL 470 COLUMBIA DRIVE #E100 WEST PALM BEACH FL 33409

Manager/Member Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date

ATTACHMENT

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JAN. 11. 2005 2:08PM JONES FOSTER JOHNSTON & STUBBS

NO. 512 P. 1 of 1

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

RECEIVED
05 JAN 11 PM 3:10
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

THE LEGACY SOLUTIONS GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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JONES FOSTER JOHNSTON & STUBBS

BDSCNO. 512382 P. 2

**ARTICLES OF ORGANIZATION
OF
THE LEGACY SOLUTIONS GROUP, LLC**

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 808, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is The Legacy Solutions Group, LLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is 470 Columbia Drive, #E100, West Palm Beach, FL 33409.

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

R. Marshall Jones
470 Columbia Drive, #E100
West Palm Beach, FL 33409

ARTICLE IV

Management

The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

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TALLAHASSEE, FLORIDA

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JAN. 11. 2005 2:09PM

JONES FOSTER JOHNSTON & STUBBS

NO. 512⁸⁸² P. 3


ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

In accordance with Section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Date: 10 JAN 2005


R. Marshall Jones
(Signature of a member or an
authorized representative of a member)

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TALLAHASSEE, FLORIDA

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JONES FOSTER JOHNSTON & STUBBS

EO5NO. 512882 P. 4

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That The Legacy Solutions Group, LLC, desiring to organize under the laws of the State of Florida, has named R. Marshall Jones, located at the Registered Office of the corporation at 470 Columbia Drive, #E100, West Palm Beach, FL 33409, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named as Registered Agent and to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608, F.S.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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R. Marshall Jones, Registered Agent