

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000011595

Entity Name: LEGACY VENTURES IX, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4003 W. NEPTUNE STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 10103  
TAMPA, FL 33679

**New Mailing Address:**

FEI Number: 20-2275405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LITSCHGI, VALERIE ESQ.  
601 BAYSHORE BLVD.  
SUITE 700  
TAMPA, FL 33606 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: MGR  
Name: RINKER, CHRIS  
Address: P. O. BOX 10846  
City-St-Zip: TAMPA, FL 33679

Title: MGR  
Name: LITSCHGI, A. B JR.  
Address: P. O. BOX 10103  
City-St-Zip: TAMPA, FL 33679

Title: MGR  
Name: LITSCHGI, A B JR  
Address: P O BOX 10103  
City-St-Zip: TAMPA, FL 33679

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: A B LITSCHGI JR

MGR

04/30/2012

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