

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Mar 05, 2007 08:00 A
Secretary of State**DOCUMENT # L05000012970**

1. Entity Name

LEGACY ENTERPRISE 6A, L.L.C.



Principal Place of Business

86-20 WOODHAVEN BLVD
WOODHAVEN, NY 11421

Mailing Address

86-20 WOODHAVEN BLVD
WOODHAVEN, NY 11421

02222007 No Chg-LLC

CR2E083 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2310335

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33158**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007****D. MANAGING MEMBERS/MANAGERS**TITLE MGRM
NAME SELWANES, AYIESHA
STREET ADDRESS 86-20 WOODHAVEN BLVD
CITY-ST-ZIP WOODHAVEN NY, NY 11421TITLE MGRM
NAME MEGHJI, MUNIRA
STREET ADDRESS 86-20 WOODHAVEN BLVD
CITY-ST-ZIP WOODHAVEN, NY 11421TITLE MGRM
NAME VALENCIA, ROD
STREET ADDRESS 86-20 WOODHAVEN BLVD
CITY-ST-ZIP WOODHAVEN, NY 11421TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPU00000657342
03/14/07-80063-015 50.00**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone