

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029537

FILED
Apr 23, 2008
Secretary of State

Entity Name: LEGACY INSURANCE LLC

Current Principal Place of Business:

240 S PINEAPPLE AVE
SUITE 803
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

240 S. PINEAPPLE AVE
SUITE 803
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 43-2080737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, MARK R
240 S. PINEAPPLE AVE
SUITE 803
SARASOTA, FL 34236 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 () Delete
Name: CLARK, MARK R
Address: 240 S. PINEAPPLE AVE SUITE 803
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM () Delete
Name: KIMBERLY WALLACE AND, DONALD WALLAC E TBE
Address: 4308 BRYANTS POND LANE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KIMBERLY L WALLACE

MGRM

04/23/2008

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