

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000033413

1. Entity Name
COMBS LEGACY, L.L.C.



Principal Place of Business
**116 APPLE CREEK LANE
GEORGETOWN, KY 40324**

Mailing Address
**116 APPLE CREEK LANE
GEORGETOWN, KY 40324**



03192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0566097

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTH, JAMES C ESQ.
30 SOUTH SHORE DRIVE
DESTIN, FL 32550**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000871325
04/09/08-80126-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
COMBS, THOMAS D JR.
116 APPLE CREEK LANE
GEORGETOWN, KY 40324**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

3/23/08

Date

502-8670156

Daytime Phone #