

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90356 036 ****50.00

DOCUMENT # L05000045679

1. Entity Name
LEGRREMAN, L.L.C.



Principal Place of Business
643 CEDAR BLUFF DRIVE
PENSACOLA, FL 32506

Mailing Address
643 CEDAR BLUFF DRIVE
PENSACOLA, FL 32506

60037437



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number

56-2556326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, K. JEFFREY
924 NORTH PALAFOX STREET
PENSACOLA, FL 32501

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NARCISO, NELLIE F	
STREET ADDRESS	643 CEDAR BLUFF DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NARCISO, ROMAN F	
STREET ADDRESS	643 CEDAR BLUFF DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	NARCISO, LOURDES S	
STREET ADDRESS	643 CEDAR BLUFF DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PARUNGAO, ROMEOES S	
STREET ADDRESS	1173 HIGH MEADOW DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAVIER, ANA	
STREET ADDRESS	313 SWITCHGRASS DRIVE	
CITY-ST-ZIP	ROUNDLAKE, IL 6007	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MENDOZA, MARIA TERESA R	
STREET ADDRESS	2851 S. KING APT 1914	
CITY-ST-ZIP	CHICAGO, IL 606163315	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Nellie F. Narciso* Nellie F. Narciso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-14-2007

850-457-1111

Date

Daytime Phone #