

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000068855**

1. Entity Name  
**LEGACY COVE, LLC.**



Principal Place of Business  
**274 CHIPOLA COVE  
DESTIN, FL 32541**

Mailing Address  
**274 CHIPOLA COVE  
DESTIN, FL 32541**



03312008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3139994**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PLEAT, DAVID B  
4477 LEGENDARY DR.  
SUITE 202  
DESTIN, FL 32541**

**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**

0000000378836

04/14/08-80068-013 555.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BURKE, JOHN T JR  
209 BAYWIND DR  
NICEVILLE, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BURKE, SEAN M  
274 CHIPOLA COVE  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

**3/31/08**

Date

**850-729-8821**

Daytime Phone #