2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 18, 2006
Secretary of State

DOCUMENT# L05000093900

Entity Name: LEGACY COMPANY, LLC

Current Principal Place of Business:

3653 CAGNEY DRIVE, SUITE 202
TALLAHASSEE, FL 32309

New Principal Place of Business:

1113 NORTH ADAMS STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

3653 CAGNEY DRIVE, SUITE 202
TALLAHASSEE, FL 32309

New Mailing Address:

1113 NORTH ADAMS STREET
TALLAHASSEE, FL 32303

FEI Number: 20-3537271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309 US

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: SUSAN S. THOMPSON 10/18/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOHNSON, RICO
Address: 3653 CAGNEY DRIVE, SUITE 202
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, RICO
Address: 1113 NORTH ADAMS
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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: RICO JOHNSON MGRM 10/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date