

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-27-2006 90422 018 ****50.00

DOCUMENT # L05000102698					
1. Entity Name LEGACY INTERIORS LLC					
Principal Place of Business 104 CHURCH STREET KISSIMMEE, FL 34741			Mailing Address P.O. BOX 450037 KISSIMMEE, FL 34741		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFL Number 20-3642953	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARD, BRADLEY W 1134 NEW YORK AVE SAINT CLOUD, FL 34769				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 _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ARNOLD, GEORGE W		NAME		
STREET ADDRESS	P.O. BOX 450037		STREET ADDRESS		
CITY- ST- ZIP	KISSIMMEE, FL 34741		CITY- ST- ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ARNOLD, BEN		NAME		
STREET ADDRESS	P.O. BOX 450037		STREET ADDRESS		
CITY- ST- ZIP	KISSIMMEE FL 34745		CITY- ST- ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MCCUBBIN DEAN		NAME		
STREET ADDRESS	PO BOX 450037		STREET ADDRESS		
CITY- ST- ZIP	KISSIMMEE FL 34745		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 606, Florida Statutes.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT

30062770

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
MAR 10 2006

BY:.....

March 2, 2006

LEGACY INTERIORS LLC
P.O. BOX 450037
KISSIMMEE, FL 34741

Subject: LEGACY INTERIORS LLC

Reference Number:

L05000102698

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD

ANNUAL REPORTS SECTION