

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016007

Entity Name: LEGENDS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

5335 NORTH MILITARY TRAIL STE 40
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5335 NORTH MILITARY TRAIL STE 40
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

LISA G. QUARRIE & ASSOCIATES, P.A.
315 11TH STREET
WEST PALM BEACH, FL 33401 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: LISA G. QUARRIE

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHANNELLE, ROBERT
Address: 5335 NORTH MILITARY TRAIL STE 40
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: STENNETT, EVETTE
Address: 5335 NORTH MILITARY TRAIL STE 40
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHITE, LEOLINE
Address: 5335 NORTH MILITARY TRAIL STE 40
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LISA G. QUARRIE

A

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date