

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000018824

1. Limited Liability Company's Name

Legacy Sales Group, LLC

2. Principal Office Address - No P.O. Box #

1261 SW 1 Av

Suite, Apt. #, etc.

#B

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

1261 SW 1 Av

Suite, Apt. #, etc.

#B

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

2/21/06

6. FEI Number

65-4893417

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Bernard B. Bandy II

Street Address (P.O. Box Number is Not Acceptable)

1261 SW 1 Av

Suite, Apt. #, Etc.

#B

City

Boca Raton

State

FL

Zip Code

33432

E-mail Address:

09/19/11--01052--018 **516.25

700212306627

bbandy@legacysalesgroup.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Bernard B. Bandy II

REGISTERED AGENT MUST SIGN

Date 9/14/11

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bernard B. Bandy II	1261 SW 1 Av	Boca Raton, FL 33432
	L. SELLERS		
	SEP 21 2011		
	EXAMINER	REINSTATEMENT	11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Bernard B. Bandy II

Date 9/14/11

Daytime Phone # 561-376-7414

Typed or printed name of signing Managing Member/Manager