

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000022183
 1. Entity Name
LEGACY DONUTS WEST BUSCH LLC



Principal Place of Business Mailing Address
13510 CYPRESS GLEN LANE **13510 CYPRESS GLEN LANE**
TAMPA, FL 33637 US **TAMPA, FL 33637 US**



03032008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-4398299 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEGHJI, MUNIRA
13510 CYPRESS GLEN LANE
TAMPA, FL FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEGHJI, MUNIRA 13510 CYPRESS GLEN LANE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALENCIA, ROD 13510 CYPRESS GLEN LANE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELWANES, AYIESHA 13510 CYPRESS GLEN LANE TAMPA, FL 33637
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/09/08-80006-006 138.75
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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]* *Pres.* *3/6/08* *7185946300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #