

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90041 049 ****50.00

DOCUMENT # L06000062121

1. Entity Name
LEGACY PROPERTIES, LLC



Principal Place of Business
**232 W UNIVERSITY AVENUE
DELAND, FL 32720**

Mailing Address
**232 W UNIVERSITY AVENUE
DELAND, FL 32720**

2. Principal Place of Business - No P.O. Box #
113 Littleton Circle
Suite, Apt. #, etc.

3. Mailing Address
113 Littleton Circle
Suite, Apt. #, etc.



04092007 Chg-LLC CR2E083 (12/06)

City & State
Deland, FL
Zip
32724 Country
USA

City & State
Deland, FL 3
Zip
32724 Country
USA

4. FEI Number
20-1182780 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEAN, ROSE ANN
232 W UNIVERSITY AVENUE
DELAND, FL 32720**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
113 Littleton Circle
City **Deland** **FL** Zip Code
32724

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

Rose Ann Dean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEAN, ROSE ANN
232 W UNIVERSITY AVENUE
DELAND, FL 32720** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEAN, GARY W
232 W UNIVERSITY AVENUE
DELAND, FL 32720** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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

Rose Ann Dean