

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90081 008 ***138.75

DOCUMENT # L06000063923

1. Entity Name
LEGENDARY LANDSCAPING, LLC



Principal Place of Business
**2603 DADE AVENUE
PANAMA CITY BEACH, FL 32408 US**

Mailing Address
**2603 DADE AVENUE
PANAMA CITY BEACH, FL 32408 US**

60041693



04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1707895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIZZELL, JOHN A
~~2603 DADE AVENUE~~ **PO Box 28322 #311**
~~PANAMA CITY BEACH, FL 32408~~ **32408**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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
**MGRM
BIZZELL, JOHN A
P.O. BOX 28322 #311
PANAMA CITY BEACH, FL 32411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMS, DOUGLAS C
P.O. BOX 28322 #311
PANAMA CITY BEACH, FL 32411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Douglas C. Williams

4-28-08

Date

850 832-3767

Daytime Phone #