

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095512

FILED  
May 15, 2009  
Secretary of State

Entity Name: LEGACY AUTO TRANSPORT, LLC

**Current Principal Place of Business:**

11274 BELMONT OAKS DRIVE  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1034  
CHIEFLAND, FL 32644

**New Mailing Address:**

FEI Number: 20-5630801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEEDS, KEVIN SEAN  
11274 BELMONT OAKS DRIVE  
JACKSONVILLE, FL 32220      US

**Name and Address of New Registered Agent:**

LEEDS, KEVIN S OWNER  
11274 BELMONT OAKS DRIVE  
JACKSONVILLE, FL 32220      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: KEVIN S LEEDS

05/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LEEDS, KEVIN SEAN  
Address: 11274 BELMONT OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LEEDS, KEVIN S OWNER  
Address: 11274 BELMONT OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

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: KEVIN S LEEDS

MGRM

05/15/2009

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