

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90117 018 ***138.75

DOCUMENT # L06000095635

1. Entity Name
LEGENDS BBQ, LLC



Principal Place of Business
760 27TH AVE. NORTH
ST. PETERSBURG, FL 33704

Mailing Address
760 27TH AVE. NORTH
ST. PETERSBURG, FL 33704

60000000



DO NOT WRITE IN THIS SPACE

01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
04-3839267

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREGER, RICHARD
760 27TH AVE. NORTH
ST. PETERSBURG, FL 33704

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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 reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KREGER, ANTHONY
STREET ADDRESS 1201 53RD STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE MGR
NAME KREGER, MATTHEW
STREET ADDRESS ~~500~~ 48TH AVE. NORTH 859
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE MGR
NAME KREGER, HEATHER
STREET ADDRESS 1201 53RD STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE MGR
NAME KREGER, RICHARD
STREET ADDRESS 760 27TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #