

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103017

Entity Name: LEGACY ALLIANCE, LLC

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

240 S. PINEAPPLE AVE. #802
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

240 S. PINEAPPLE AVE. #802
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-5821900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASWELL, CHRIS
240 S. PINEAPPLE AVE. #802
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CASWELL, CHRIS
Address: 240 S. PINEAPPLE AVE. #802
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Change (X) Addition
Name: CLARK, MARK
Address: 240 S. PINEAPPLE AVE. #802
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Change (X) Addition
Name: MYERS, BRENT
Address: 3333 CLARK ROAD #100
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS CASWELL

MGRM

04/03/2007

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