2007 LIMITED LIABILITY COMPANY ... **ANNUAL REPORT**

Secretary of State 03-23-2007 90171 005 ****55.00 DOCUMENT # L06000119839 LEGÁCY TRANSPORTATION LLC Principal Place of Business Mailing Address 60028271 1223 E. HANNA AVE. 1223 E. HANNA AVE. TAMPA, FL 33604 TAMPA, FL 33604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7236 SR 52 7236 SR 52 Suite, Apt. #, etc. Suite Ant # etc. 01182007 Cha-LLC CR2E083 (12/06) Suite #7 Suite #7 4. FEI Number City & State City & State Applied For Hudson, Florida Hudson, Florida Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 34667 USA 34667 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADILLA, MILTON Street Address (P.O. Box Number is Not Acceptable) 1223 E. HANNA AVE. TAMPA, FL 33604 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition PADILLA, MILTON NAME NAME STREET ADDRESS 1223 E. HANNA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP MGRM M Delete TITLE TITLE □ Change ☐ Addition ROJO, ALBERT C NAME NAME STREET ADDRESS 4004 DUKE FIRTH STREET STREET ADDRESS CITY-ST-ZIP LAND O' LAKES, FL 34638 CITY-ST-ZIP MGRM TITLE ☐ Defete TITLE ☐ Change ■ Addition MERCADO, WILLIAM JR. NAME NAME STREET ADDRESS 45 FAIRMONT DRIVE STREET ADDRESS SPRINGHILL, FL 34608 CITY-ST-ZIP CITY-ST-7)P MGRM MGRM TITLE Delete TITLE ☐ Change **Addition** PADILLA, STACIE L NAME NAME SMITH, STACIE L. 1223 E. HANNA AVE. 6146 QUICHE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP PUNTA GORDA, FL 33955 MGRM TITLE ☐ Change TITLE Delete Addition ROJA, LUZ P BRUSCELL, CHARLES W 4004 DUKE FIRST STREET PO BOX 11167 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O'LAKES, FL 34638 CITY-ST-ZIP SPRING HILL, FLORIDA 34610 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

13/07

FILED Mar 23, 2007 8:00 am

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L06000119839 1. Entity Name LEGACY TRANSPORTATION LLC					60028271							
Principal Place of Business Mailing Address 1223 E. HANNA AVE. 1223 E. HANNA AVE.			t									
TAMPA, FL 3	33604	TAMPA, FL 33604			1:			 :				
2. Principal Place of Business - No P.O. Box # 7236 SR 52		3. Mailing Address 7236 SR 52								· 1	61.	
Suite, Apt. #, etc. Suite #7		Suite, Apt. #, etc. Suite #7			01182007	Ch	g-LLC		CR2E	083 (12	/06)	
City & State		City & State			4. FEI Numb	per 🕳					Apı	plied For
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Zip	Country	Zip	Country		5. Certificate	e of Stat	us Desire	ed .	13	\$5.00		
34667	USA - 6. Name and Address of Current	34667	USA		7. Name an					Fee Re	equired	3
	v. Hame and Address of Current	registered Agent	Name		. Isame an	a Addre	35 OI 148	w reg	1516160	Agent		
PADILLA, 1223 E. HA TAMPA, FI	ANNA AVE.		Street A	Address (P.C	ess (P.O. Box Number is Not Acceptable)							
			City						FL	Zip	Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	registered office o	r registered	agent, or be	oth, in th	e State o	f Florid	la. I am	familiar	with, a	and accept
SIGNATURE .												
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required wh	ien reinstating)				DATE			
	Signature, typed or printed name of registered agent silling Fee is \$50.00 ue by May 1, 2007	and lute if applicable. (NOTE	Registered Agent signal	ture required wh	en reinstating)				check	payable nent of		· · · · · · · · · · · · · · · · · · ·
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11. I hereby certify that the information supplied with this filling 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 HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u> 3|13|07</u>

