

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90171 005 ****55.00

60028271





01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000119839 1. Entity Name LEGACY TRANSPORTATION LLC					
Principal Place of Business 1223 E. HANNA AVE. TAMPA, FL 33604			Mailing Address 1223 E. HANNA AVE. TAMPA, FL 33604		
2. Principal Place of Business - No P.O. Box # 7236 SR 52		3. Mailing Address 7236 SR 52			
Suite, Apt. #, etc. Suite #7		Suite, Apt. #, etc. Suite #7			
City & State Hudson, Florida		City & State Hudson, Florida			
Zip 34667	Country USA	Zip 34667	Country USA	4. FEI Number 20-8072245 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent PADILLA, MILTON 1223 E. HANNA AVE. TAMPA, FL 33604	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADILLA, MILTON 1223 E. HANNA AVE. TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJO, ALBERT C 4004 DUKE FIRTH STREET LAND O' LAKES, FL 34638 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCADO, WILLIAM JR. 45 FAIRMONT DRIVE SPRINGHILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADILLA, STACIE L 1223 E. HANNA AVE. TAMPA, FL 33604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, STACIE L. 6146 QUICHE COURT PUNTA GORDA, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJA, LUZ P 4004 DUKE FIRST STREET LAND O'LAKES, FL 34638 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUSCELL, CHARLES W PO BOX 11167 SPRING HILL, FLORIDA 34610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 606, Florida Statutes.					
SIGNATURE: <i>Milton Padilla</i>			3/13/07 (813) 787-8738		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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ATTACHMENT

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Suite, Apt. #, etc. Suite #7		Suite, Apt. #, etc. Suite #7			
City & State Hudson, Florida		City & State Hudson, Florida		4. FEI Number 20-8072245	
Zip 34667		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
-- 6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PADILLA, MILTON 1223 E. HANNA AVE. TAMPA, FL 33604			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
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SIGNATURE: 			3/13/07 (813) 787-8738		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		