
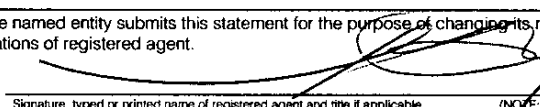


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-22-2008 90121 009 ***138.75

DOCUMENT # L07000006076			
1. Entity Name LEGACY DEVELOPMENT LLC			
Principal Place of Business 621 ARBOR LAKE TAMPA, FL 33602 US		Mailing Address 621 ARBOR LAKE TAMPA, FL 33602 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1936 W. MLK Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 104	
City & State		City & State Tampa FL	
Zip	Country	Zip	Country
33607	US	33607	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOROORY, ALAN 621 ARBOR LAKE TAMPA, FL 33602		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		DATE	
		1/17/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	SOROORY, BOBBY	NAME	
STREET ADDRESS	201 OCEAN AVE #710B	STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA, CA 90402	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	PAGE, BRYAN	NAME	
STREET ADDRESS	7039 RUBIO AVE	STREET ADDRESS	
CITY-ST-ZIP	VAN NUYS, CA 91406	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	IRANMANESH, ALI	NAME	
STREET ADDRESS	12102 N 60TH ST. SUITE C	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	SOROORY, ALAN	NAME	
STREET ADDRESS	621 ARBOR LAKE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

60002846



01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

 Alan Soroory

1/17/08

813-220-7060

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.