2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED n

Apr 29, 2008 8:00 an Secretary of State
04-29-2008 90024 044 ***138.75

DOCUMENT # L0700007235 1. Entity Name LEGACY CAPITAL, LLC						04-29-2008 9	00024 044 ***13	88.75	
			Mailing Address	_		60031378			
5415 LAKE HOWELL ROAD #134		5415 LAKE HOWELL ROAD		000					
				TER PARK, FL 32792 US					
		s - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008	Chg-LLC	CR2E083 (12/06)			
City & State		City & State			4. FEI Number	829661	/ A	pplied For ot Applicable	
Zip	ip Country		Zip	Country		Certificate of Status Desired			
	6. Name an	d Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New Re	gistered Agent	
501 E. SO STE. B.	JOSEPH E UTH STREE), FL 32801	T			Street Address (P.O. Box Number	is Not Acceptable)	,	
					City			FL Zip Coo	ie
8. The above the obligat	named entity su tions of registere	ubmits this statement fed agent.	or the purpose of changing it	ts registere	ed office or register	red agent, or both	, in the State of Flor	ida. I am familiar with,	, and accept
SIGNATURE	Signature, typed or p	nrited many of existered ager-	it and title of applicable (NC	TE Registured	f Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State				
			5			77.			te
				10.				Department of Stat	te .
9.	y 1, 2008 Fe	MANAGING MEMB		TILE			Florida	Department of Stat	Addition
After May	MGR WOOTEN: J.	MANAGING MEMB	ERS/MANAGERS	TITLE NAML STREE			Florida	Department of Stat	
9. IIILE NAME SIREET ADDRESS CITY-ST-ZIP HILE	MGR WOOTEN: J. 5415 LAKE I WINTER PA	MANAGING MEMB ANINE L HOWELL ROAD, #1 RK, FL 32792	ERS/MANAGERS	THE NAME STREE CHY-	ET ADDRESS S1 ZIP		Florida	Department of Stat	
9. IIILE NAME SIREET ADDRESS CITY-ST-ZIP HILE NAME SIREET ADDRESS	MGR WOOTEN: J.	MANAGING MEMB ANINE L HOWELL ROAD, #1 RK, FL 32792	ERS/MANAGERS Delete	THE NAME STREE CHY- THE NAME STREE	ET ADDRESS S1 ZIP		Florida	Department of Stat	☐ Addition
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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 reserve as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE

Daytime Phone #