

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098605

FILED
Jan 09, 2009
Secretary of State

Entity Name: TRI-LEGACY PROPERTIES, LLC

Current Principal Place of Business:

423 SCHUBERT DR
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

423 SCHUBERT DR
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 26-1228063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, KATHY E CPA
4771 LIUINESTON DR
PENSACOLA, FL 32504 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: MGRM () Delete
Name: COLELLO, SHARON
Address: 423 SCHUBERT DR
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: PARSONS, BRENDA S
Address: 350 BIG 4 RD
City-St-Zip: WIGGINS, MS 39577

Title: MGR () Delete
Name: PRICE, THELMA D
Address: 5389 COUNTY RD 192
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON COLELLO

MGRM

01/09/2009

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