

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101617

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** LEGACY GYMNASTICS CENTER LLC

**Current Principal Place of Business:**

143 ATLANTIC DR.  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

143 ATLANTIC DR.  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 26-1193102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINSTEAD, LISA  
4385 FRANCES AVENUE  
SANFORD, FL 32773 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  
Name: MCGRATH, VALERIE  
Address: 1543 WESCOTT LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR  
Name: MCGRATH, JOHN  
Address: 1543 WESCOTT LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR  
Name: WINSTEAD, ROBERT M  
Address: 4385 FRANCES AVENUE  
City-St-Zip: SANFORD, FL 32773

Title: MGR  
Name: WINSTEAD, LISA  
Address: 4385 FRANCES AVENUE  
City-St-Zip: SANFORD, FL 32773

I hereby 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: VALERIE MCGRATH

MGR

03/30/2010

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