

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021425

Entity Name: NEW LEGACY SERVICES, LLC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

8880 OLD KINGS ROAD S  
UNIT 47  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 57736  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 26-2450922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, TIA' L  
8880 OLD KINGS ROAD S  
UNIT 47  
JACKSONVILLE, FL 32257 US

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

JONES, MBA, TIA' L  
8880 OLD KINGS ROAD S  
UNIT 47  
JACKSONVILLE, FL 32257 US

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: TIA' L JONES, MBA

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, TIA' L  
Address: 8880 OLD KINGS ROAD S #47  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JONES, MBA, TIA' L  
Address: 8880 OLD KINGS ROAD S #47  
City-St-Zip: JACKSONVILLE, FL 32257

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: TIA' L. JONES, MBA

MS.

01/16/2009

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