

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002051

Entity Name: LEGACIES & LIFELINES, LLC

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

3111 W. DR. MLK BLVD.  
SUITE 100  
TAMPA, FL 33607

## **New Principal Place of Business:**

711 S. HOWARD AVE  
SUITE 200  
TAMPA, FL 33606

## **Current Mailing Address:**

3111 W. DR. MLK BLVD.  
SUITE 100  
TAMPA, FL 33607

## **New Mailing Address:**

711 S. HOWARD AVE  
SUITE 200  
TAMPA, FL 33606

FEI Number: 27-1008682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHERYL SECKEL HUNTER, P.A.  
4808 W. LONGFELLOW AVENUE  
TAMPA, FL 33629 US

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

SHERYL SECKEL HUNTER, P.A.  
711 S. HOWARD AVE  
SUITE 200  
TAMPA, FL 33606 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: SHERYL HUNTER

04/15/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUNTER, SHERYL S  
Address: 711 S. HOWARD AVE, SUITE 200  
City-St-Zip: TAMPA, FL 33606

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: SHERYL HUNTER

MGRM

04/15/2010

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