

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085447

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** LEGACY DIVERSIFIED VENTURES,LLC

**Current Principal Place of Business:**

MIZNER CENTER, 4333 PLAZA REAL  
SUITE 275  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

MIZNER CENTER, 4333 PLAZA REAL  
SUITE 275  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOCKOVIK, ROBERT  
MIZNER CENTER, 4333 PLAZA REAL  
SUITE 275  
BOCA RATON, FL 33432 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: MOCKOVIK, ROBERT  
Address: MIZNER CENTER, 4333 PLAZA REAL, SUITE 275  
City-St-Zip: BOCA RATON, FL 33432

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: ROBERT MOCKOVIK

MGRM

04/14/2011

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