# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 20, 2012**
**Secretary of State**

DOCUMENT# L09000105487

**Entity Name:** LEGENDS INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

21711 TOWN PLACE DRIVE
BOCA RATON, FL 33433

**New Principal Place of Business:**

21711 TOWN PLACE DRIVE
BOCA RATON, FL 33433 UN

**Current Mailing Address:**

21711 TOWN PLACE DRIVE
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number: 27-1235249** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

COHEN, KATTY W
21711 TOWN PLACE DRIVE
BOCA RATON, FL 33433 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: COHEN, KATTY W
Address: 21711 TOWN PLACE DRIVE
City-St-Zip: BOCA RATON, FL 33433

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 Statues.

SIGNATURE: KATTY W COHEN MGRM 03/20/2012

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