

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024993

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** S & K LEGACY MANAGEMENT LLC

**Current Principal Place of Business:**

5400 95TH STREET NORTH  
#803B  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

5400 95TH STREET NORTH  
#803B  
ST. PETERSBURG, FL 33708

**New Mailing Address:**

**FEI Number:** 27-2118329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, ROBERT E  
5400 95 TH ST NORTH  
#803B  
ST PETERSBURG, FL 33708 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:** MAME  
**Name:** SMITH, ROBERT E  
**Address:** 5400 95TH ST NORTH #803B  
**City-St-Zip:** ST PETERSBURG, FL 33708 US

**Title:** SECR  
**Name:** TAYLOR, STACEY A  
**Address:** 816 WILLOWBRANCH AVE  
**City-St-Zip:** CLEARWATER, FL 33764 US

**Title:** TRES  
**Name:** SMITH, KEVIN R  
**Address:** 307 QUEBRADA DERL MAR  
**City-St-Zip:** MARINA, CA 93933 US

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 E SMITH

MAME

04/03/2012

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