

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008797

DOCUMENT

1. Entity Name
LEGENDARY GAMES, LLC

APPROVED
AND
FILED

00 JUN -7 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business
508 Legume Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 290007
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Orange, FL
Zip
32127
Country
USA

City & State
Port Orange, Florida
Zip
32129-0007
Country
USA

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Michael Trevathan
Street Address (P.O. Box Number is Not Acceptable)
508 Legume Drive
City
Port Orange FL Zip Code
32127

8. 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 Michael W. Trevathan
Signature, typed or printed name of registered agent and title if applicable.

24 April 2000
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Trevathan	
STREET ADDRESS	508 Legume Drive	MGRM
CITY-ST-ZIP	Port Orange, FL, 32127	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shannon Dann	
STREET ADDRESS	601 Devon Street	MGRM
CITY-ST-ZIP	Port Orange, FL, 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Michael W. Trevathan Michael Trevathan 24 April 2000 (904) 767-8917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/199)