

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90106 037 ***138.75

DOCUMENT # M05000003517

1. Entity Name
LEGACY PARC HORIZONS, LLC



Principal Place of Business
**6000 METRO WEST BLVD., STE. 105
ORLANDO, FL 32835**

Mailing Address
**6000 METRO WEST BLVD., STE. 105
ORLANDO, FL 32835**

60011448



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1462276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KANTOR, JOSEPH
6000 METRO WEST BLVD., STE. 105
ORLANDO, FL 32835**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HORIZONS DEVELOPMENT, LLC
STREET ADDRESS	6000 METRO WEST BLVD., STE. 105
CITY-ST-ZIP	ORLANDO, FL 32835

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #